

<i>SERFF Tracking Number:</i>	<i>AIXG-125858216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>40722</i>
<i>Company Tracking Number:</i>	<i>NCC-AH-2008-157-F</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Accident and Health Policy Filing</i>		
<i>Project Name/Number:</i>	<i>Accident and Health Policy Filing/NCC-AH-2008-157-F</i>		

Filing at a Glance

Company: Nova Casualty Company

Product Name: Accident and Health Policy SERFF Tr Num: AIXG-125858216 State: ArkansasLH

Filing

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed State Tr Num: 40722

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: NCC-AH-2008-157-F State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Author: Kathy Baner Disposition Date: 11/06/2008

Date Submitted: 10/30/2008 Disposition Status: Approved-Closed

Implementation Date Requested: 11/14/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Accident and Health Policy Filing

Project Number: NCC-AH-2008-157-F

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We are domiciled in the State of New York.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Nova Casualty Company (NCC) would like to place on file a Hospital Indemnity Policy. This filing is a self contained product and includes the following policy forms:

NOVA GRP LM 2008 POL – Group Policy

NOVA GRP LM 2008 APP – Application

SERFF Tracking Number:	AIXG-125858216	State:	Arkansas
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NOVA GRP LM 2008 ENRLFM – Enrollment Form

NOVA GRP LM 2008 CERT – Certificate of Coverage

NOVA GRP LM 2008 SCHED – Schedule

NOVA GRP LM 2008 SURG SCHED – Surgical Schedule

NOVA GRP LM 2008 END AR - Arkansas Amendatory

NOVA GRP LM 2008 OC AR - Outline of Coverage

NOVA GRP LM 2008 Replacement AR - Notice to Applicant Regarding Replacement of Accident and Health Insurance

This policy provides coverage on an indemnity basis to eligible members, their spouses, and/or children for costs associated with qualifying accidents and sicknesses. These policies will be administered on a group basis.

Company and Contact

Filing Contact Information

Kathy Banes, Senior Compliance Analyst	kbanes@aixgroup.com
2 Waterside Crossing	(860) 683-5029 [Phone]
Windsor, CT 06095	(860) 683-5000[FAX]

Filing Company Information

Nova Casualty Company	CoCode: 42552	State of Domicile: New York
2 Waterside Crossing	Group Code:	Company Type: Property & Casualty

Suite 400

Windsor, CT 06095

(860) 683-5029 ext. [Phone]

Group Name:

FEIN Number: 16-1140177

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 filing = \$50.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nova Casualty Company	\$50.00	10/30/2008	23582689

SERFF Tracking Number:	AIXG-125858216	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/06/2008	11/06/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/30/2008	10/30/2008	Kathy Banes	11/04/2008	11/04/2008

<i>SERFF Tracking Number:</i>	<i>AIXG-125858216</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: Accident and Health Policy Filing
Project Name/Number: Accident and Health Policy Filing/NCC-AH-2008-157-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Limited Benefits Accident and Sickness Health Insurance	Approved-Closed	Yes
Form	Surgical Schedule	Approved-Closed	Yes
Form (revised)	Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form	Approved-Closed	Yes
Form	Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form	Replaced	Yes
Form (revised)	Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	Approved-Closed	Yes
Form	Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	Replaced	Yes
Form	Group Limited Benefits Health Insurance Certificate Schedule	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form	Arkansas Amendatory	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Notice to Applicant Regarding Replacement of Accident and Health Insurance	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/30/2008
Submitted Date 10/30/2008

Respond By Date

Dear Kathy Banes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form (Form)
- Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance (Form)

Comment: The above listed forms must contain a Fraud Statement as required under ACA 23-66-503 and Bulletin 7-97.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/04/2008
Submitted Date 11/04/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have added the required fraud warning to the Application and the Enrollment forms. Both revised versions are attached.

Related Objection 1

Applies To:

- Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form (Form)
- Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance (Form)

Comment:

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TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Accident and Health Policy Filing
Project Name/Number: Accident and Health Policy Filing/NCC-AH-2008-157-F

The above listed forms must contain a Fraud Statement as required under ACA 23-66-503 and Bulletin 7-97.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form	NOVA GRP LM 2008 ENRLFM AR		Application/Enrollment Form	Other		32	NOVA GRP LM 2008 ENRLFM AR.pdf
Previous Version							
Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form	NOVA GRP LM 2008 ENRLFM		Application/Enrollment Form	Other		32	NOVAGR PLM2008 ENRLFM.pdf
Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	NOVA GRP LM 2008 APP AR		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		32	NOVA GRP LM 2008 APP AR.pdf
Previous Version							
Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	NOVA GRP LM 2008 APP		Application/Enrollment Form	Initial		32	NOVAGR PLM2008 APP.pdf

No Rate/Rule Schedule items changed.

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Sincerely,
Kathy Banes

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TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: Accident and Health Policy Filing

Project Name/Number: Accident and Health Policy Filing/NCC-AH-2008-157-F

Form Schedule

Lead Form Number: NOVA GRP LM 2008 POL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	NOVA GRP LM 2008 POL	Policy/Cont Group Limited	ract/Fratern Benefits Accident and Sickness Health Certificate Insurance	Initial		51	NOVAGRPL M2008POL.pdf
Approved-Closed	NOVA GRP LM 2008 SURG SCHED	Schedule Pages	Surgical Schedule	Initial		0	NOVAGRPL M2008 SURG SCHED.pdf
Approved-Closed	NOVA GRP LM 2008 ENRLFM AR	Application/Group Limited Enrollment Form	Benefits Accident and Sickness Health Insurance Enrollment Form	Other	Other Explanation:	32	NOVA GRP LM 2008 ENRLFM AR.pdf
Approved-Closed	NOVA GRP LM 2008 APP AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	Initial		32	NOVA GRP LM 2008 APP AR.pdf
Approved-Closed	NOVA GRP LM 2008 SCHED	Schedule Pages	Group Limited Benefits Health Insurance Certificate Schedule	Initial		23	NOVAGRPL M2008SCHE D.pdf
Approved-Closed	NOVA GRP LM 2008 CERT	Certificate	Certificate of Insurance	Initial		45	NOVAGRPL M2008CERT. pdf
Approved-Closed	NOVA GRP LM 2008 END AR	Policy/Cont Arkansas ract/Fratern Amendatory al Certificate: Amendmen t, Insert		Initial		38	NOVAGRPL M2008ENDA R.pdf

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Page,
Endorseme
nt or Rider

Approved- Closed	NOVA GRP LM 2008 OC AR	Outline of Coverage Coverage Outline of Coverage	Initial	33	NOVAGRPL M2008OCAR. pdf
Approved- Closed	NOVA GRP LM 2008 Replaceme nt AR	Policy/Cont Notice to Applicant ract/Fratern Regarding Replacement of Certificate: Accident and Health Amendmen Insurance t, Insert Page, Endorseme nt or Rider	Initial	31	NOVAGRPL M2008Replac ementAR.pdf

Nova Casualty Company
726 Exchange Street; Buffalo; New York 14210

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

THIS IS A LIMITED BENEFIT POLICY PROVIDING LIMITED BENEFITS HEALTH INSURANCE ONLY DUE TO ACCIDENT AND SICKNESS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR AND THIS POLICY AND CERTIFICATE DOES NOT PROVIDE BASIC HOSPITAL; BASIC MEDICAL OR MAJOR MEDICAL INSURANCE.

Policy Holder: [XYZ Company]
Policy Number: [12345]
Policy Effective Date: [JANUARY 1; 2009]
Policy Date: [JANUARY 1; 2009]
Anniversary Date: [JANUARY 1ST; of each year]

MASTER POLICY

This Policy is a legal contract between You and Us. To understand the coverage; You must read this Policy as a whole.

In this Policy; the words You and Your refer to the Policy Holder shown above. The words Named Insured refer to those persons who are members of an eligible class (eligible for insurance under this Policy) as described in the Certificate Schedule who hold a Certificate of coverage. Benefit payments are governed by the terms of this Policy. The words Covered Person refer to any person covered under this Policy as described on the Certificate Schedule. The words We; Us; Our or Company refer to Nova Casualty Company. The male pronoun includes the female whenever used.

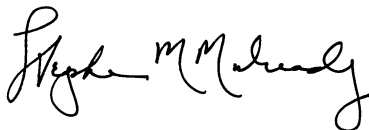
We agree to insure certain individuals and to pay the benefits provided by this Policy in accordance with its provisions.

This Policy is issued in consideration of statements made in the Group Application and the payment of premiums by the Holder. A copy of the signed Group Application will be attached; is incorporated with and made a part of this Policy.

This Policy is effective on the Policy Effective Date. The Policy Effective Date will be the date of issue of this Policy. The Anniversary Date shown above is the date this Policy will renew if premium is paid and all Policy conditions are met. The Company reserves the right not to renew any Policy at its discretion. This is NOT a guaranteed renewable policy. The Policy Date is the duration of time that the Policy shall be in effect. All periods will begin and end at 12:01 A.M. Eastern Standard Time at the Policy Holder's main address.

TO OBTAIN INFORMATION ABOUT THIS POLICY; CALL THIS TOLL FREE NUMBER: 1-866-633-6945.

Nova Casualty Company:



Stephen Mulready
President



Craig Rappaport
Secretary

This is a Group Limited Benefits Accident and Sickness policy. This is not a basic hospital; basic medical or major medical insurance policy. Please READ YOUR POLICY CAREFULLY.

**THE POLICY IS CANCELLABLE AT THE OPTION OF THE COMPANY.
PLEASE READ THE TERMINATION PROVISION.**

This is Not Medicare Supplement Coverage

INCORPORATION PROVISION

The provisions of the attached Certificate and all amendments/riders to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The provisions listed below are shown in the Certificate and are hereby incorporated into and made a part of this Group Policy.

Schedule of Benefits
Definitions
Effective Date of Coverage
General Provision
Coverage Descriptions
Exclusions and Limitations

Certificate

The Certificate; including the Certificate Schedule; amendments; riders and supplements; if any; is a written statement prepared by Us to set forth a summary of:

- benefits to which the Covered Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

The Certificate Holder is the Named Insured who is a person who is a member of an eligible class and holds a certificate of coverage.

ELIGIBILITY AND EFFECTIVE DATE

Policy Effective Date

Coverage under this Policy begins at 12:01 a.m. Standard Time on the Policy Effective Date shown in the Policy.

Delayed Effective Date of Coverage

The effective date of any Named Insured's coverage and the coverage of his Spouse; Family and dependants; if any; will be delayed for any Named Insured if they are not a member of an eligible class on the Certificate Effective Date shown on the Certificate Schedule. The coverage will be effective on the date that the Named Insured returns to status as a member of an eligible class entitled to coverage under this Policy.

TERMINATION OF INSURANCE

Termination of This Contract

This Policy can be cancelled:

- by You; or
- by Us

If the premium is not paid when it is due or during the Grace Period; this Policy will terminate at midnight on the last day for which premium was paid. You must pay all premium due for the full period that each Certificate is in force.

If We cancel this Policy for reasons other than Your failure to remit premium; a written notice will be delivered to You at least 30 days prior to the cancellation effective date.

You may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation effective date. This Policy can be cancelled on an earlier date if We both agree in writing. Coverage will end at 12:00 midnight Eastern Standard Time on the cancellation effective date.

PREMIUMS

When and Where to Pay Premiums

The premiums for the coverage must be paid to Us at Our home office when they are due unless otherwise specified on our invoice to you.

The premium due dates are based on:

- the effective date of the coverage shown on the [Policy] [Certificate Schedule]; and
- the premium frequency.

The *premium frequency* is how often the premiums are paid.

Grace Period (If Premiums Are Not Paid When Due)

After the first premium payment; if the premium is not paid when it is due; it can be paid during the next 31 days. These 31 days are called the Grace Period. If the premium is not paid before the Grace Period ends; the coverage provided by this Policy will terminate at midnight Standard on the last day for which premium was paid.

Our Right to Change Premiums

We have the right to change the premium rate We charge. If We plan to make a change; We will send You a notice at least 45 days before the premium change is effective.

We will not change the premium rate during the Rate Guarantee Period shown on the Certificate Schedule except for the following reasons that affect the risk assumed by Us:

- a change occurs in the plan design or Policy benefits;
- a division; subsidiary; or affiliated company is added or deleted as insured under this Policy;
- a substantial change occurs in the participation level of those eligible employees entitled to coverage under this Policy;
- the number of Named Insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which affects coverage under this plan.

GENERAL PROVISIONS

Coverage Provided by This Policy

We insure a Covered Person for the benefits listed in the Certificate and Certificate Schedule according to the provisions of this Policy; and subject to Eligibility; Limitations and Exclusions provisions and General Provisions of the Policy as outlined in the Certificate.

Entire Contract: Changes

This Policy is a legal contract between You and Us. The Policy is issued in consideration for the application and payments; called premiums. The initial rates for this Policy are shown on the Certificate Schedule.

Whenever We use the word Policy; We mean the entire contract. The entire contract consists of:

- the Policy; including the Certificate Schedule;
- the attached copy of the application(s); and
- any attached riders or endorsements.

Riders and endorsements add provisions to or change the terms of the Policy.

Any changes made to this Policy must be attached in writing and signed by one of Our executive officers at Our home office. No agent or anyone else can change this Policy or waive any of its provisions.

Furnishing Certificates

The Company will provide certificates to the Policy Holder for delivery to each Named Insured. The Certificate will describe the insurance coverage and to whom payable. If the terms of a Certificate and this Policy differ; the Policy governs.

Benefit Amounts

Benefit amounts will be the amount of coverage selected at the time of application and reflected on the Named Insured's Certificate Schedule.

State Laws

Any provision of this Policy that; on the effective date; does not agree with state laws where the Named Insured lives will be amended to conform to the minimum requirements of those laws.

Information to Be Furnished By You

As the Policy Holder; You must keep a record of the Named Insureds; a copy of Enrollment Forms and the particulars of the insurance on each. You should provide Us at regular intervals; on forms acceptable to Us; information relative to persons:

- who are eligible to enroll;
- who are insured by the coverage; and/or
- whose coverage terminates pursuant to the "Termination of a Named Insured's Coverage" provision.

You should also provide Us with any other information about the coverage that may be reasonably required; such as Named Insureds on leave of absence; including Named Insureds who are on leave under the Family and Medical Leave Act.

We have the right to inspect Your records which may have a bearing on the insurance provided by this Policy. We may inspect these at any time while this Policy is in force and within one year after the termination of this Policy.

In the absence of fraud; all statements made in any application are considered representations and not warranties. No representation of the policyholder in applying for insurance under this Policy will make it void unless the representation is contained in the application.

SURGICAL SCHEDULE

HCPCS Description	Fee
10021 Fine needle aspiration; without imaging guidance	36.53
10022 Fine needle aspiration; with imaging guidance	34.73
10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	43.99
10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	49.16
10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	86.76
10080 Incision and drainage of pilonidal cyst; simple	51.33
10081 Incision and drainage of pilonidal cyst; complicated	86.46
10120 Incision and removal of foreign body, subcutaneous tissues; simple	48.54
10121 Incision and removal of foreign body, subcutaneous tissues; complicated	48.54
10140 Incision and drainage of hematoma, seroma or fluid collection	64.22
10160 Puncture aspiration of abscess, hematoma, bulla, or cyst	51.85
10180 Incision and drainage, complex, postoperative wound infection	96.27
11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface	17.25
11001 Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)	8.79
11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	296.33
11005 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	392.65
11006 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	375.12
11008 Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	146.06
11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	153.36
11011 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	161.49
11012 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	239.05
11040 Debridement; skin, partial thickness	14.92
11041 Debridement; skin, full thickness	19.82
11042 Debridement; skin, and subcutaneous tissue	26.04
11043 Debridement; skin, subcutaneous tissue, and muscle	126.41
11044 Debridement; skin, subcutaneous tissue, muscle, and bone	174.56
11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	12.46
11056 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	17.45
11057 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	22.98
11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	24.37
11101 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	12.43
11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	35.48
11201 Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions (List separately in addition to code for primary procedure)	8.71
11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5	15.00

SURGICAL SCHEDULE

cm or less	
11301 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	25.46
11302 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	31.35
11303 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	37.03
11305 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	19.68
11306 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	29.20
11307 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	33.76
11308 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	41.74
11310 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	21.79
11311 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	31.59
11312 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	36.39
11313 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	49.10
11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	39.41
11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	51.56
11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	56.64
11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	71.92
11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	79.58
11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	116.14
11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	42.95
11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	57.04
11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	68.59
11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	79.47
11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	91.73
11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	137.89
11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	52.37
11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	67.34
11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	74.60
11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	91.70
11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere),	116.58

SURGICAL SCHEDULE

face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	
11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	162.75
11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	119.48
11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	158.59
11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	115.40
11463 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	160.83
11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	135.82
11471 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	172.13
11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	56.38
11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	72.35
11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	78.44
11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	92.57
11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	101.38
11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	149.33
11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	56.79
11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	73.28
11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	84.06
11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	102.88
11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	117.79
11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	151.05
11640 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	61.14
11641 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	80.43
11642 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	94.23
11643 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	116.80
11644 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	146.42
11646 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	207.64
11719 Trimming of nondystrophic nails, any number	5.04
11720 Debridement of nail(s) by any method(s); one to five	9.19
11721 Debridement of nail(s) by any method(s); six or more	15.76
11730 Avulsion of nail plate, partial or complete, simple; single	32.21
11732 Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	16.41

SURGICAL SCHEDULE

11740	Evacuation of subungual hematoma	17.30
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	93.06
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	141.73
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	45.61
11760	Repair of nail bed	73.62
11762	Reconstruction of nail bed with graft	110.70
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	36.44
11770	Excision of pilonidal cyst or sinus; simple	92.80
11771	Excision of pilonidal cyst or sinus; extensive	212.23
11772	Excision of pilonidal cyst or sinus; complicated	282.84
11900	Injection, intralesional; up to and including 7 lesions	15.41
11901	Injection, intralesional; more than 7 lesions	23.93
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	61.94
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	73.13
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)	16.48
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	25.58
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	34.68
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	52.01
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	60.06
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	488.29
11970	Replacement of tissue expander with permanent prosthesis	318.97
11971	Removal of tissue expander(s) without insertion of prosthesis	161.50
11976	Removal, implantable contraceptive capsules	51.60
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	42.21
11981	Insertion, non-biodegradable drug delivery implant	44.86
11982	Removal, non-biodegradable drug delivery implant	54.87
11983	Removal with reinsertion, non-biodegradable drug delivery implant	98.83
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	52.86
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	59.37
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	69.56
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	86.19
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	109.09
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	125.81
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	54.83
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	62.83
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	75.15

SURGICAL SCHEDULE

12015 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	93.79
12016 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	114.26
12017 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	138.50
12018 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	167.05
12020 Treatment of superficial wound dehiscence; simple closure	100.03
12021 Treatment of superficial wound dehiscence; with packing	73.20
12031 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	76.62
12032 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	98.34
12034 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	101.07
12035 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	123.90
12036 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	145.82
12037 Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	169.80
12041 Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	82.95
12042 Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	97.31
12044 Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	106.67
12045 Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	129.05
12046 Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	152.13
12047 Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	168.84
12051 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	90.91
12052 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	103.25
12053 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	106.80
12054 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	114.84
12055 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	142.73
12056 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	178.31
12057 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	203.00
13100 Repair, complex, trunk; 1.1 cm to 2.5 cm	121.37
13101 Repair, complex, trunk; 2.6 cm to 7.5 cm	145.95
13102 Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	38.98
13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	126.08
13121 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	162.82
13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	44.38
13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	142.53
13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	235.06

SURGICAL SCHEDULE

13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	68.24
13150 Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	144.02
13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	165.35
13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	220.53
13153 Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	75.31
13160 Secondary closure of surgical wound or dehiscence, extensive or complicated	426.17
14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	278.13
14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	370.73
14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	317.63
14021 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	427.61
14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	340.22
14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	464.78
14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	358.28
14061 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	503.57
14300 Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	494.76
14350 Filleter finger or toe flap, including preparation of recipient site	400.76
15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	119.57
15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body are	23.51
15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	147.76
15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	47.46
15040 Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	68.75
15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	234.80
15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	385.67
15101 Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	61.78
15110 Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	392.58
15111 Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	57.16
15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	402.50
15116 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to co	77.66
15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet,	412.74

SURGICAL SCHEDULE

and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15121 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition	95.72
15130 Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	304.24
15131 Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	46.11
15135 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	413.19
15136 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code	46.56
15150 Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	345.72
15151 Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	61.80
15152 Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	77.25
15155 Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	369.60
15156 Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	85.37
15157 Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately i	93.07
15170 Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	181.85
15171 Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	45.85
15175 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	251.65
15176 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addit	73.28
15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	339.78
15201 Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)	41.85
15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	327.83
15221 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)	38.55
15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	411.54
15241 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)	60.43
15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	439.80
15261 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)	76.55
15300 Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of	149.43

SURGICAL SCHEDULE

body area of infants and children	
15301 Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	30.41
15320 Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	170.96
15321 Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	45.86
15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	137.57
15331 Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	30.90
15335 Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	149.51
15336 Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	44.13
15340 Tissue cultured allogeneic skin substitute; first 25 sq cm or less	144.03
15341 Tissue cultured allogeneic skin substitute; each additional 25 sq cm	14.68
15360 Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	162.54
15361 Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	33.75
15365 Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	164.48
15366 Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	43.43
15400 Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	185.89
15401 Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	31.15
15420 Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	198.52
15421 Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	45.86
15430 Acellular xenograft implant; first 100 sq cm or less, or 1% of body area of infants and children	278.51
15570 Formation of direct or tubed pedicle, with or without transfer; trunk	374.11
15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	369.90
15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	401.17
15576 Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	351.74
15600 Delay of flap or sectioning of flap (division and inset); at trunk	113.37
15610 Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	132.73
15620 Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	169.07

SURGICAL SCHEDULE

15630 Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	182.91
15650 Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	199.11
15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	513.91
15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	689.67
15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk	717.17
15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	623.10
15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	677.49
15740 Flap; island pedicle	438.36
15750 Flap; neurovascular pedicle	483.93
15756 Free muscle or myocutaneous flap with microvascular anastomosis	1,258.10
15757 Free skin flap with microvascular anastomosis	1,245.60
15758 Free fascial flap with microvascular anastomosis	1,246.94
15760 Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	370.04
15770 Graft; derma-fat-fascia	346.87
15775 Punch graft for hair transplant; 1 to 15 punch grafts	115.30
15776 Punch graft for hair transplant; more than 15 punch grafts	178.44
15780 Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	349.94
15781 Dermabrasion; segmental, face	231.07
15782 Dermabrasion; regional, other than face	227.59
15783 Dermabrasion; superficial, any site (eg, tattoo removal)	196.38
15786 Abrasion; single lesion (eg, keratosis, scar)	70.70
15787 Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	9.88
15788 Chemical peel, facial; epidermal	128.12
15789 Chemical peel, facial; dermal	222.44
15792 Chemical peel, nonfacial; epidermal	147.22
15793 Chemical peel, nonfacial; dermal	186.29
15819 Cervicoplasty	381.43
15820 Blepharoplasty, lower eyelid;	250.41
15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad	264.78
15822 Blepharoplasty, upper eyelid;	195.04
15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	310.88
15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	621.62
15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	473.67
15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	441.01
15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	450.94
15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	459.43
15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	388.41
15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	359.82
15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	299.86
15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	374.09
15840 Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	529.15
15841 Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	874.71
15842 Graft for facial nerve paralysis; free muscle flap by microsurgical technique	1,393.96
15845 Graft for facial nerve paralysis; regional muscle transfer	486.91

SURGICAL SCHEDULE

15851 Removal of sutures under anesthesia (other than local), other surgeon	23.53
15852 Dressing change (for other than burns) under anesthesia (other than local)	24.87
15860 Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	59.49
15920 Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	306.75
15922 Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	396.79
15931 Excision, sacral pressure ulcer, with primary suture;	348.95
15933 Excision, sacral pressure ulcer, with primary suture; with ostectomy	433.20
15934 Excision, sacral pressure ulcer, with skin flap closure;	482.45
15935 Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	573.09
15936 Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	471.61
15937 Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	552.97
15940 Excision, ischial pressure ulcer, with primary suture;	362.07
15941 Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	481.90
15944 Excision, ischial pressure ulcer, with skin flap closure;	468.05
15945 Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	517.82
15946 Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	853.48
15950 Excision, trochanteric pressure ulcer, with primary suture;	301.56
15951 Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	429.64
15952 Excision, trochanteric pressure ulcer, with skin flap closure;	445.82
15953 Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	498.26
15956 Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	604.35
15958 Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	618.90
16000 Initial treatment, first degree burn, when no more than local treatment is required	24.01
16020 Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	30.25
16025 Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	60.31
16030 Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)	69.66
16035 Escharotomy; initial incision	113.22
16036 Escharotomy; each additional incision (List separately in addition to code for primary procedure)	45.09
17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	27.54
17003 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	2.71
17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	71.40
17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	172.48
17107 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	307.18
17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	420.49
17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	32.58

SURGICAL SCHEDULE

17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	41.55
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	19.33
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	34.45
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	45.70
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	58.09
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	63.94
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	68.25
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	78.48
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	49.04
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	55.27
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	63.98
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	71.77
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	87.82
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	105.97
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	44.97
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	62.25
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	71.81
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	89.88
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	106.83
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	145.49
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (190.80
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (101.62
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (171.43
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of	93.99

SURGICAL SCHEDULE

tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (26.80
17340 Cryotherapy (CO2 slush, liquid N2) for acne	23.90
17360 Chemical exfoliation for acne (eg, acne paste, acid)	50.15
19000 Puncture aspiration of cyst of breast;	24.19
19001 Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	11.97
19020 Mastotomy with exploration or drainage of abscess, deep	148.69
19030 Injection procedure only for mammary ductogram or galactogram	42.32
19100 Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	36.03
19101 Biopsy of breast; open, incisional	112.84
19102 Biopsy of breast; percutaneous, needle core, using imaging guidance	55.62
19103 Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	103.21
19105 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	98.07
19110 Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	165.85
19112 Excision of lactiferous duct fistula	150.56
19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, one or more lesions	202.25
19125 Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	223.81
19126 Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	83.75
19260 Excision of chest wall tumor including ribs	631.89
19271 Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	873.94
19272 Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	962.41
19290 Preoperative placement of needle localization wire, breast;	34.94
19291 Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	17.29
19295 Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)	61.27
19296 Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	107.59
19297 Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary	48.28
19298 Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	173.25
19300 Mastectomy for gynecomastia	200.19
19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	297.24
19302 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	448.58
19303 Mastectomy, simple, complete	456.94

SURGICAL SCHEDULE

19304 Mastectomy, subcutaneous	286.05
19305 Mastectomy, radical, including pectoral muscles, axillary lymph nodes	555.40
19306 Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	581.45
19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	584.91
19316 Mastopexy	417.24
19318 Reduction mammoplasty	621.84
19324 Mammoplasty, augmentation; without prosthetic implant	255.78
19325 Mammoplasty, augmentation; with prosthetic implant	346.38
19328 Removal of intact mammary implant	260.45
19330 Removal of mammary implant material	330.68
19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	214.11
19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	489.57
19350 Nipple/areola reconstruction	367.10
19355 Correction of inverted nipples	288.53
19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	825.90
19361 Breast reconstruction with latissimus dorsi flap, without prosthetic implant	849.65
19364 Breast reconstruction with free flap	1,484.85
19366 Breast reconstruction with other technique	738.15
19367 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	974.23
19368 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	1,202.53
19369 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	1,100.42
19370 Open periprosthetic capsulotomy, breast	362.95
19371 Periprosthetic capsulectomy, breast	419.84
19380 Revision of reconstructed breast	408.47
19396 Preparation of moulage for custom breast implant	74.68
20000 Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial	84.66
20005 Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	127.89
20100 Exploration of penetrating wound (separate procedure); neck	314.99
20101 Exploration of penetrating wound (separate procedure); chest	107.80
20102 Exploration of penetrating wound (separate procedure); abdomen/flank/back	129.38
20103 Exploration of penetrating wound (separate procedure); extremity	190.67
20150 Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	495.15
20200 Biopsy, muscle; superficial	49.99
20205 Biopsy, muscle; deep	78.73
20206 Biopsy, muscle, percutaneous needle	34.10
20220 Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	42.57
20225 Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	65.73
20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	125.84
20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)	342.62
20250 Biopsy, vertebral body, open; thoracic	207.30
20251 Biopsy, vertebral body, open; lumbar or cervical	230.93

SURGICAL SCHEDULE

20500 Injection of sinus tract; therapeutic (separate procedure)	54.82
20501 Injection of sinus tract; diagnostic (sinogram)	20.92
20520 Removal of foreign body in muscle or tendon sheath; simple	78.43
20525 Removal of foreign body in muscle or tendon sheath; deep or complicated	135.61
20526 Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	31.58
20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar fascia)	22.14
20551 Injection(s); single tendon origin/insertion	23.08
20552 Injection(s); single or multiple trigger point(s), one or two muscle(s)	18.42
20553 Injection(s); single or multiple trigger point(s), three or more muscle(s)	20.23
20555 Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	171.29
20600 Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	21.97
20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	22.61
20610 Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	27.18
20612 Aspiration and/or injection of ganglion cyst(s) any location	23.58
20615 Aspiration and injection for treatment of bone cyst	86.24
20650 Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	85.18
20660 Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	125.19
20661 Application of halo, including removal; cranial	257.29
20662 Application of halo, including removal; pelvic	252.82
20663 Application of halo, including removal; femoral	244.33
20664 Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia	405.45
20665 Removal of tongs or halo applied by another physician	57.23
20670 Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	85.27
20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	215.27
20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	260.15
20692 Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	478.15
20693 Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))	254.86
20694 Removal, under anesthesia, of external fixation system	186.82
20802 Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	1,272.94
20805 Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	1,679.82
20808 Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	2,190.77
20816 Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	1,351.64
20822 Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	1,193.20
20824 Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	1,337.06
20827 Replantation, thumb (includes distal tip to MP joint), complete amputation	1,211.93
20838 Replantation, foot, complete amputation	1,226.74
20900 Bone graft, any donor area; minor or small (eg, dowel or button)	257.96
20902 Bone graft, any donor area; major or large	335.14
20910 Cartilage graft; costochondral	234.97

SURGICAL SCHEDULE

20912 Cartilage graft; nasal septum	264.21
20920 Fascia lata graft; by stripper	219.05
20922 Fascia lata graft; by incision and area exposure, complex or sheet	261.13
20924 Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	278.64
20926 Tissue grafts, other (eg, paratenon, fat, dermis)	238.36
20931 Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)	63.64
20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	95.45
20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	104.50
20950 Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	50.93
20955 Bone graft with microvascular anastomosis; fibula	1,369.21
20956 Bone graft with microvascular anastomosis; iliac crest	1,473.46
20957 Bone graft with microvascular anastomosis; metatarsal	1,373.78
20962 Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	1,463.95
20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	1,516.28
20970 Free osteocutaneous flap with microvascular anastomosis; iliac crest	1,535.58
20972 Free osteocutaneous flap with microvascular anastomosis; metatarsal	1,364.97
20973 Free osteocutaneous flap with microvascular anastomosis; great toe with web space	1,467.21
20974 Electrical stimulation to aid bone healing; noninvasive (nonoperative)	26.63
20975 Electrical stimulation to aid bone healing; invasive (operative)	99.03
20979 Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	20.18
20982 Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	217.02
20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)	81.93
21010 Arthrotomy, temporomandibular joint	387.54
21015 Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp	232.50
21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible	454.31
21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	264.86
21029 Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	338.03
21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	219.04
21031 Excision of torus mandibularis	158.03
21032 Excision of maxillary torus palatinus	155.45
21034 Excision of malignant tumor of maxilla or zygoma	630.71
21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	214.63
21044 Excision of malignant tumor of mandible;	468.05
21045 Excision of malignant tumor of mandible; radical resection	646.45
21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	585.60
21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))	699.74
21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	593.56
21049 Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))	667.01
21050 Condylectomy, temporomandibular joint (separate procedure)	461.39

SURGICAL SCHEDULE

21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	425.05
21070 Coronoidectomy (separate procedure)	349.86
21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	127.44
21076 Impression and custom preparation; surgical obturator prosthesis	473.04
21077 Impression and custom preparation; orbital prosthesis	1,187.28
21079 Impression and custom preparation; interim obturator prosthesis	792.44
21080 Impression and custom preparation; definitive obturator prosthesis	896.10
21081 Impression and custom preparation; mandibular resection prosthesis	811.11
21082 Impression and custom preparation; palatal augmentation prosthesis	750.10
21083 Impression and custom preparation; palatal lift prosthesis	693.90
21084 Impression and custom preparation; speech aid prosthesis	785.01
21085 Impression and custom preparation; oral surgical splint	320.75
21086 Impression and custom preparation; auricular prosthesis	885.93
21087 Impression and custom preparation; nasal prosthesis	876.54
21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	216.01
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	344.38
21116 Injection procedure for temporomandibular joint arthrography	22.78
21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)	278.07
21121 Genioplasty; sliding osteotomy, single piece	350.11
21122 Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	390.88
21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	456.00
21125 Augmentation, mandibular body or angle; prosthetic material	391.34
21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	466.65
21137 Reduction forehead; contouring only	401.74
21138 Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	486.21
21139 Reduction forehead; contouring and setback of anterior frontal sinus wall	517.29
21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	719.24
21142 Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	700.67
21143 Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	732.71
21145 Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	826.88
21146 Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	820.91
21147 Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	872.85
21150 Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	939.78
21151 Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	997.49
21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	1,120.53
21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	1,321.08

SURGICAL SCHEDULE

21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	1,531.02
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	1,566.43
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	932.72
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	1,110.60
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	787.52
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	895.47
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	391.97
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less	1,073.14
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea	1,244.77
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea	1,301.10
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	876.18
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	667.60
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	754.54
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	721.11
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	784.59
21198	Osteotomy, mandible, segmental;	614.97
21199	Osteotomy, mandible, segmental; with genioglossus advancement	537.03
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	596.86
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	443.05
21209	Osteoplasty, facial bones; reduction	348.40
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	446.08
21215	Graft, bone; mandible (includes obtaining graft)	466.19
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	416.03
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	300.53
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	605.25
21242	Arthroplasty, temporomandibular joint, with allograft	554.79
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	903.14
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	560.14
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	487.09
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	465.35
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	872.74
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	472.22
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	671.35
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes	757.39

SURGICAL SCHEDULE

obtaining autografts)	
21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	611.72
21260 Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	655.40
21261 Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	1,170.52
21263 Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	1,021.97
21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	847.95
21268 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	984.50
21270 Malar augmentation, prosthetic material	366.95
21275 Secondary revision of orbitocraniofacial reconstruction	429.62
21280 Medial canthopexy (separate procedure)	275.63
21282 Lateral canthopexy	185.64
21295 Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	94.86
21296 Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	218.54
21310 Closed treatment of nasal bone fracture without manipulation	14.82
21315 Closed treatment of nasal bone fracture; without stabilization	80.22
21320 Closed treatment of nasal bone fracture; with stabilization	74.43
21325 Open treatment of nasal fracture; uncomplicated	271.49
21330 Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	328.33
21335 Open treatment of nasal fracture; with concomitant open treatment of fractured septum	399.79
21336 Open treatment of nasal septal fracture, with or without stabilization	355.16
21337 Closed treatment of nasal septal fracture, with or without stabilization	152.83
21338 Open treatment of nasoethmoid fracture; without external fixation	435.79
21339 Open treatment of nasoethmoid fracture; with external fixation	465.90
21340 Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	424.20
21343 Open treatment of depressed frontal sinus fracture	636.87
21344 Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	808.06
21345 Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	350.72
21346 Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	515.48
21347 Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	619.50
21348 Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	647.68
21355 Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	168.26
21356 Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	201.25
21360 Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	283.79
21365 Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	583.72
21366 Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	663.55

SURGICAL SCHEDULE

21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	383.12
21386	Open treatment of orbital floor blowout fracture; periorbital approach	354.47
21387	Open treatment of orbital floor blowout fracture; combined approach	408.10
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	402.21
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	511.35
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	76.71
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	153.73
21406	Open treatment of fracture of orbit, except blowout; without implant	289.00
21407	Open treatment of fracture of orbit, except blowout; with implant	340.33
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	464.39
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	337.56
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	365.21
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	429.83
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	405.96
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	359.55
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	889.58
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	700.87
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	1,001.38
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	235.43
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	334.86
21450	Closed treatment of mandibular fracture; without manipulation	250.81
21451	Closed treatment of mandibular fracture; with manipulation	335.57
21452	Percutaneous treatment of mandibular fracture, with external fixation	178.89
21453	Closed treatment of mandibular fracture with interdental fixation	408.21
21454	Open treatment of mandibular fracture with external fixation	296.55
21461	Open treatment of mandibular fracture; without interdental fixation	499.79
21462	Open treatment of mandibular fracture; with interdental fixation	545.93
21465	Open treatment of mandibular condylar fracture	489.29
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	631.68
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	16.92
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	300.63
21490	Open treatment of temporomandibular dislocation	498.18
21495	Open treatment of hyoid fracture	360.00
21497	Interdental wiring, for condition other than fracture	300.84
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	170.36
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	283.38
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	257.95
21550	Biopsy, soft tissue of neck or thorax	84.04

SURGICAL SCHEDULE

21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	174.44
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	218.65
21557	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax	308.80
21600	Excision of rib, partial	297.31
21610	Costotransversectomy (separate procedure)	583.09
21615	Excision first and/or cervical rib;	368.19
21616	Excision first and/or cervical rib; with sympathectomy	452.17
21620	Ostectomy of sternum, partial	285.67
21627	Sternal debridement	300.72
21630	Radical resection of sternum;	680.53
21632	Radical resection of sternum; with mediastinal lymphadenectomy	671.00
21685	Hyoid myotomy and suspension	522.00
21700	Division of scalenus anticus; without resection of cervical rib	227.23
21705	Division of scalenus anticus; with resection of cervical rib	335.70
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	207.32
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	289.29
21740	Reconstructive repair of pectus excavatum or carinatum; open	579.95
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	386.38
21800	Closed treatment of rib fracture, uncomplicated, each	53.57
21805	Open treatment of rib fracture without fixation, each	139.59
21810	Treatment of rib fracture requiring external fixation (flail chest)	275.23
21820	Closed treatment of sternum fracture	72.39
21825	Open treatment of sternum fracture with or without skeletal fixation	310.71
21920	Biopsy, soft tissue of back or flank; superficial	81.75
21925	Biopsy, soft tissue of back or flank; deep	177.94
21930	Excision, tumor, soft tissue of back or flank	195.95
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank	615.94
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	482.14
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	478.84
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	443.92
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	440.50
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	441.60
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	79.46
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	546.02
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	540.64
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	543.28
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	80.27
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	1,263.42

SURGICAL SCHEDULE

22207 Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	1,247.13
22208 Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	320.53
22210 Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	965.27
22212 Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	791.83
22214 Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	800.30
22216 Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	209.82
22220 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	874.95
22222 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	784.41
22224 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	853.96
22226 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	208.84
22305 Closed treatment of vertebral process fracture(s)	93.27
22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	138.78
22315 Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction	408.60
22318 Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	874.43
22319 Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	960.41
22325 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; lumbar	752.99
22326 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; cervical	792.76
22327 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic	777.81
22328 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	157.01
22505 Manipulation of spine requiring anesthesia, any region	68.24
22520 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic	329.16
22521 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar	310.88
22522 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	138.11
22523 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	340.78
22524 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	325.95
22525 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar	150.66
22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	190.27
22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including	87.08

SURGICAL SCHEDULE

fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)	
22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	929.07
22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	856.38
22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	206.16
22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	1,009.51
22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	717.67
22556 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	894.58
22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	803.89
22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	192.32
22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)	839.78
22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)	797.90
22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	683.56
22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	673.72
22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	866.38
22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	223.54
22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	840.70
22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	182.11
22800 Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	740.30
22802 Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	1,173.76
22804 Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	1,356.59
22808 Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	993.53
22810 Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	1,105.55
22812 Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	1,208.63
22818 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	1,221.10
22819 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	1,385.40
22830 Exploration of spinal fusion	445.46
22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proc	438.21
22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	437.92
22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary	462.29

SURGICAL SCHEDULE

procedure)	
22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	565.75
22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	420.98
22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	437.42
22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	477.71
22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	205.77
22849 Reinsertion of spinal fixation device	715.30
22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	394.10
22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	232.70
22852 Removal of posterior segmental instrumentation	376.68
22855 Removal of anterior instrumentation	609.03
22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	938.71
22862 Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace	1,118.06
22865 Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	1,088.76
22900 Excision, abdominal wall tumor, subfascial (eg, desmoid)	212.67
23000 Removal of subdeltoid calcareous deposits, open	196.71
23020 Capsular contracture release (eg, Sever type procedure)	378.63
23030 Incision and drainage, shoulder area; deep abscess or hematoma	141.75
23031 Incision and drainage, shoulder area; infected bursa	122.21
23035 Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	381.36
23040 Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	394.24
23044 Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	313.60
23065 Biopsy, soft tissue of shoulder area; superficial	87.06
23066 Biopsy, soft tissue of shoulder area; deep	185.23
23075 Excision, soft tissue tumor, shoulder area; subcutaneous	94.96
23076 Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular	302.26
23077 Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area	628.11
23100 Arthrotomy, glenohumeral joint, including biopsy	267.38
23101 Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	247.55
23105 Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	349.56
23106 Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	262.80
23107 Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	363.95
23120 Claviculectomy; partial	308.67
23125 Claviculectomy; total	384.73
23130 Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	333.34
23140 Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	278.36
23145 Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	376.58

SURGICAL SCHEDULE

23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	338.36
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	353.84
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	431.18
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	368.68
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	291.88
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	300.10
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	411.73
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	386.53
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	371.69
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	417.13
23190	Ostectomy of scapula, partial (eg, superior medial angle)	303.54
23195	Resection, humeral head	408.67
23200	Radical resection for tumor; clavicle	472.69
23210	Radical resection for tumor; scapula	495.65
23220	Radical resection of bone tumor, proximal humerus;	586.25
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)	685.00
23222	Radical resection of bone tumor, proximal humerus; with prosthetic replacement	917.46
23330	Removal of foreign body, shoulder; subcutaneous	81.48
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	323.18
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	485.12
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	27.65
23395	Muscle transfer, any type, shoulder or upper arm; single	700.89
23397	Muscle transfer, any type, shoulder or upper arm; multiple	627.33
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	535.38
23405	Tenotomy, shoulder area; single tendon	346.96
23406	Tenotomy, shoulder area; multiple tendons through same incision	432.45
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	494.88
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	525.88
23415	Coracoacromial ligament release, with or without acromioplasty	405.94
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	577.71
23430	Tenodesis of long tendon of biceps	408.81
23440	Resection or transplantation of long tendon of biceps	421.73
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	526.52
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	560.13
23460	Capsulorrhaphy, anterior, any type; with bone block	606.28
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	591.87
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	616.79
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	606.03
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	671.89
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	825.67
23480	Osteotomy, clavicle, with or without internal fixation;	453.69
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	531.15
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	443.26

SURGICAL SCHEDULE

23491 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	562.06
23500 Closed treatment of clavicular fracture; without manipulation	110.32
23505 Closed treatment of clavicular fracture; with manipulation	174.54
23515 Open treatment of clavicular fracture, includes internal fixation, when performed	370.36
23520 Closed treatment of sternoclavicular dislocation; without manipulation	117.02
23525 Closed treatment of sternoclavicular dislocation; with manipulation	170.55
23530 Open treatment of sternoclavicular dislocation, acute or chronic;	301.65
23532 Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	340.93
23540 Closed treatment of acromioclavicular dislocation; without manipulation	110.93
23545 Closed treatment of acromioclavicular dislocation; with manipulation	149.46
23550 Open treatment of acromioclavicular dislocation, acute or chronic;	313.40
23552 Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	361.11
23570 Closed treatment of scapular fracture; without manipulation	121.73
23575 Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	192.29
23585 Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation	489.65
23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	154.65
23605 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	229.73
23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	466.56
23616 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	727.06
23620 Closed treatment of greater humeral tuberosity fracture; without manipulation	129.99
23625 Closed treatment of greater humeral tuberosity fracture; with manipulation	189.71
23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	390.68
23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia	137.50
23655 Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	203.36
23660 Open treatment of acute shoulder dislocation	317.70
23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	210.21
23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	432.96
23675 Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	271.25
23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	479.09
23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	107.31
23800 Arthrodesis, glenohumeral joint;	560.37
23802 Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	659.33
23900 Interthoracoscapular amputation (forequarter)	724.27
23920 Disarticulation of shoulder;	587.45
23921 Disarticulation of shoulder; secondary closure or scar revision	242.77
23930 Incision and drainage, upper arm or elbow area; deep abscess or hematoma	117.12

SURGICAL SCHEDULE

23931 Incision and drainage, upper arm or elbow area; bursa	87.79
23935 Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	275.28
24000 Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	257.47
24006 Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	388.01
24065 Biopsy, soft tissue of upper arm or elbow area; superficial	86.68
24066 Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	214.11
24075 Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	167.33
24076 Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	254.69
24077 Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area	438.52
24100 Arthrotomy, elbow; with synovial biopsy only	217.59
24101 Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	272.82
24102 Arthrotomy, elbow; with synovectomy	336.79
24105 Excision, olecranon bursa	185.10
24110 Excision or curettage of bone cyst or benign tumor, humerus;	318.75
24115 Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	365.40
24116 Excision or curettage of bone cyst or benign tumor, humerus; with allograft	477.15
24120 Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	285.48
24125 Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	320.34
24126 Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	342.57
24130 Excision, radial head	277.51
24134 Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	417.54
24136 Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	344.53
24138 Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	359.87
24140 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	401.06
24145 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	339.00
24147 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	354.67
24149 Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	621.71
24150 Radical resection for tumor, shaft or distal humerus;	534.16
24151 Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)	617.17
24152 Radical resection for tumor, radial head or neck;	392.82
24153 Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)	355.63
24155 Resection of elbow joint (arthrectomy)	459.55
24160 Implant removal; elbow joint	331.82
24164 Implant removal; radial head	271.75
24200 Removal of foreign body, upper arm or elbow area; subcutaneous	73.60
24201 Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	198.47
24220 Injection procedure for elbow arthrography	36.31
24300 Manipulation, elbow, under anesthesia	219.76
24301 Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	411.85
24305 Tendon lengthening, upper arm or elbow, each tendon	316.59
24310 Tenotomy, open, elbow to shoulder, each tendon	259.94

SURGICAL SCHEDULE

24320 Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	417.10
24330 Flexor-plasty, elbow (eg, Steindler type advancement);	393.82
24331 Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	433.06
24332 Tenolysis, triceps	327.39
24340 Tenodesis of biceps tendon at elbow (separate procedure)	337.42
24341 Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	390.65
24342 Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	433.00
24343 Repair lateral collateral ligament, elbow, with local tissue	384.57
24344 Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	594.20
24345 Repair medial collateral ligament, elbow, with local tissue	382.65
24346 Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	592.12
24357 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	244.53
24358 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	286.04
24359 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	348.04
24360 Arthroplasty, elbow; with membrane (eg, fascial)	491.42
24361 Arthroplasty, elbow; with distal humeral prosthetic replacement	550.67
24362 Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	535.03
24363 Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	799.10
24365 Arthroplasty, radial head;	351.39
24366 Arthroplasty, radial head; with implant	376.05
24400 Osteotomy, humerus, with or without internal fixation	452.35
24410 Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	576.46
24420 Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	534.75
24430 Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	561.13
24435 Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	578.09
24470 Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	361.23
24495 Decompression fasciotomy, forearm, with brachial artery exploration	365.49
24498 Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	480.64
24500 Closed treatment of humeral shaft fracture; without manipulation	164.10
24505 Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	243.65
24515 Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	482.23
24516 Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	475.70
24530 Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	177.50
24535 Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	309.06
24538 Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	411.05
24545 Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	485.98

SURGICAL SCHEDULE

24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	587.78
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	144.21
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	255.47
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	376.26
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	409.42
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	155.78
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	264.45
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	459.29
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	428.25
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	602.71
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	596.80
24600	Treatment of closed elbow dislocation; without anesthesia	172.69
24605	Treatment of closed elbow dislocation; requiring anesthesia	248.06
24615	Open treatment of acute or chronic elbow dislocation	392.90
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	298.87
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	469.91
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	44.67
24650	Closed treatment of radial head or neck fracture; without manipulation	119.27
24655	Closed treatment of radial head or neck fracture; with manipulation	211.62
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	356.67
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	401.71
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	133.66
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	224.31
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	359.84
24800	Arthrodesis, elbow joint; local	436.40
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	543.21
24900	Amputation, arm through humerus; with primary closure	385.50
24920	Amputation, arm through humerus; open, circular (guillotine)	381.25
24925	Amputation, arm through humerus; secondary closure or scar revision	294.29
24930	Amputation, arm through humerus; re-amputation	401.28
24931	Amputation, arm through humerus; with implant	421.04
24935	Stump elongation, upper extremity	574.59
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	209.27
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	180.65
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	334.01
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	621.18

SURGICAL SCHEDULE

25024 Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	404.09
25025 Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	606.24
25028 Incision and drainage, forearm and/or wrist; deep abscess or hematoma	292.34
25031 Incision and drainage, forearm and/or wrist; bursa	231.41
25035 Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	403.50
25040 Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	318.91
25065 Biopsy, soft tissue of forearm and/or wrist; superficial	87.20
25066 Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	225.32
25075 Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	194.94
25076 Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)	275.97
25077 Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area	438.74
25085 Capsulotomy, wrist (eg, contracture)	265.80
25100 Arthrotomy, wrist joint; with biopsy	197.17
25101 Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	230.18
25105 Arthrotomy, wrist joint; with synovectomy	280.60
25107 Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	338.78
25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each	275.71
25110 Excision, lesion of tendon sheath, forearm and/or wrist	218.26
25111 Excision of ganglion, wrist (dorsal or volar); primary	177.59
25112 Excision of ganglion, wrist (dorsal or volar); recurrent	214.93
25115 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	473.37
25116 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	398.48
25118 Synovectomy, extensor tendon sheath, wrist, single compartment;	218.42
25119 Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	289.80
25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	347.53
25125 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	390.26
25126 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	401.59
25130 Excision or curettage of bone cyst or benign tumor of carpal bones;	253.07
25135 Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	312.59
25136 Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	278.83
25145 Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	353.60
25150 Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	328.76
25151 Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	392.11
25170 Radical resection for tumor, radius or ulna	526.32
25210 Carpectomy; one bone	275.88
25215 Carpectomy; all bones of proximal row	356.37
25230 Radial styloidectomy (separate procedure)	245.82
25240 Excision distal ulna partial or complete (eg, Darrach type or matched resection)	254.94

SURGICAL SCHEDULE

25246	Injection procedure for wrist arthrography	40.43
25248	Exploration with removal of deep foreign body, forearm or wrist	266.18
25250	Removal of wrist prosthesis; (separate procedure)	285.35
25251	Removal of wrist prosthesis; complicated, including total wrist	386.26
25259	Manipulation, wrist, under anesthesia	218.91
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	414.16
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	409.92
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	479.61
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	342.06
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	380.49
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	439.08
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	364.93
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	381.86
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	356.16
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	358.72
25300	Tenodesis at wrist; flexors of fingers	377.49
25301	Tenodesis at wrist; extensors of fingers	360.60
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	412.32
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	464.00
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	494.57
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	569.34
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	524.27
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	462.38
25335	Centralization of wrist on ulna (eg, radial club hand)	532.12
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	488.80
25350	Osteotomy, radius; distal third	448.69
25355	Osteotomy, radius; middle or proximal third	494.56
25360	Osteotomy; ulna	438.37
25365	Osteotomy; radius AND ulna	578.50
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	618.04
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	604.59
25390	Osteoplasty, radius OR ulna; shortening	498.68
25391	Osteoplasty, radius OR ulna; lengthening with autograft	621.37
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	619.24
25393	Osteoplasty, radius AND ulna; lengthening with autograft	700.75

SURGICAL SCHEDULE

25394 Osteoplasty, carpal bone, shortening	417.87
25400 Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	523.80
25405 Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	649.30
25415 Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	612.80
25420 Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	717.67
25425 Repair of defect with autograft; radius OR ulna	664.68
25426 Repair of defect with autograft; radius AND ulna	675.35
25430 Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	380.92
25431 Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	434.38
25440 Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	432.08
25441 Arthroplasty with prosthetic replacement; distal radius	512.79
25442 Arthroplasty with prosthetic replacement; distal ulna	437.86
25443 Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	420.21
25444 Arthroplasty with prosthetic replacement; lunate	449.45
25445 Arthroplasty with prosthetic replacement; trapezium	396.00
25446 Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	641.35
25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints	441.25
25449 Revision of arthroplasty, including removal of implant, wrist joint	564.40
25450 Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	350.49
25455 Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	413.00
25490 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	458.80
25491 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	482.55
25492 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	571.36
25500 Closed treatment of radial shaft fracture; without manipulation	122.51
25505 Closed treatment of radial shaft fracture; with manipulation	246.41
25515 Open treatment of radial shaft fracture, includes internal fixation, when performed	368.22
25520 Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	279.73
25525 Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	456.60
25526 Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibr	562.76
25530 Closed treatment of ulnar shaft fracture; without manipulation	119.01
25535 Closed treatment of ulnar shaft fracture; with manipulation	241.54
25545 Open treatment of ulnar shaft fracture, includes internal fixation, when performed	350.81
25560 Closed treatment of radial and ulnar shaft fractures; without manipulation	120.84
25565 Closed treatment of radial and ulnar shaft fractures; with manipulation	253.98
25574 Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	355.21
25575 Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	484.05
25600 Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	134.56
25605 Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation,	303.47

SURGICAL SCHEDULE

includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	
25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	370.29
25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	379.72
25608 Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	434.68
25609 Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	553.03
25622 Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	138.00
25624 Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	223.56
25628 Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	386.23
25630 Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	140.55
25635 Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone	200.80
25645 Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone	312.40
25650 Closed treatment of ulnar styloid fracture	148.90
25651 Percutaneous skeletal fixation of ulnar styloid fracture	254.81
25652 Open treatment of ulnar styloid fracture	335.05
25660 Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation	212.45
25670 Open treatment of radiocarpal or intercarpal dislocation, one or more bones	334.08
25671 Percutaneous skeletal fixation of distal radioulnar dislocation	283.18
25675 Closed treatment of distal radioulnar dislocation with manipulation	207.09
25676 Open treatment of distal radioulnar dislocation, acute or chronic	346.58
25680 Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	240.93
25685 Open treatment of trans-scaphoperilunar type of fracture dislocation	397.80
25690 Closed treatment of lunate dislocation, with manipulation	250.15
25695 Open treatment of lunate dislocation	346.05
25800 Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	414.66
25805 Arthrodesis, wrist; with sliding graft	475.49
25810 Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	474.84
25820 Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	341.80
25825 Arthrodesis, wrist; with autograft (includes obtaining graft)	415.16
25830 Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	538.53
25900 Amputation, forearm, through radius and ulna;	440.26
25905 Amputation, forearm, through radius and ulna; open, circular (guillotine)	431.99
25907 Amputation, forearm, through radius and ulna; secondary closure or scar revision	386.76
25909 Amputation, forearm, through radius and ulna; re-amputation	431.07
25915 Krukenberg procedure	694.23
25920 Disarticulation through wrist;	372.32
25922 Disarticulation through wrist; secondary closure or scar revision	328.09
25924 Disarticulation through wrist; re-amputation	364.97
25927 Transmetacarpal amputation;	443.49
25929 Transmetacarpal amputation; secondary closure or scar revision	309.62
25931 Transmetacarpal amputation; re-amputation	414.85
26010 Drainage of finger abscess; simple	70.99

SURGICAL SCHEDULE

26011 Drainage of finger abscess; complicated (eg, felon)	100.82
26020 Drainage of tendon sheath, digit and/or palm, each	232.10
26025 Drainage of palmar bursa; single, bursa	226.78
26030 Drainage of palmar bursa; multiple bursa	265.91
26034 Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	289.41
26035 Decompression fingers and/or hand, injection injury (eg, grease gun)	434.06
26037 Decompressive fasciotomy, hand (excludes 26035)	308.76
26040 Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	168.51
26045 Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	254.58
26055 Tendon sheath incision (eg, for trigger finger)	160.09
26060 Tenotomy, percutaneous, single, each digit	143.36
26070 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	157.91
26075 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	170.20
26080 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	208.03
26100 Arthrotomy with biopsy; carpometacarpal joint, each	176.31
26105 Arthrotomy with biopsy; metacarpophalangeal joint, each	179.81
26110 Arthrotomy with biopsy; interphalangeal joint, each	171.71
26115 Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous	196.03
26116 Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)	261.37
26117 Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger	350.11
26121 Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	325.33
26123 Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	437.14
26125 Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition	153.86
26130 Synovectomy, carpometacarpal joint	248.79
26135 Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	300.32
26140 Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	273.43
26145 Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	277.70
26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	173.67
26170 Excision of tendon, palm, flexor or extensor, single, each tendon	218.61
26180 Excision of tendon, finger, flexor or extensor, each tendon	238.37
26185 Sesamoidectomy, thumb or finger (separate procedure)	278.76
26200 Excision or curettage of bone cyst or benign tumor of metacarpal;	244.56
26205 Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	328.02
26210 Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	238.74
26215 Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	299.38
26230 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis);	274.18

SURGICAL SCHEDULE

metacarpal	
26235 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	268.65
26236 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	238.93
26250 Radical resection, metacarpal (eg, tumor);	313.42
26255 Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)	489.86
26260 Radical resection, proximal or middle phalanx of finger (eg, tumor);	296.39
26261 Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)	353.90
26262 Radical resection, distal phalanx of finger (eg, tumor)	249.33
26320 Removal of implant from finger or hand	186.81
26340 Manipulation, finger joint, under anesthesia, each joint	173.41
26350 Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	429.36
26352 Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	480.14
26356 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	607.60
26357 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	508.70
26358 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	539.96
26370 Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	459.61
26372 Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	528.12
26373 Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	502.14
26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	479.44
26392 Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	569.21
26410 Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	342.97
26412 Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	408.03
26415 Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	411.81
26416 Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	478.50
26418 Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	346.08
26420 Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	425.49
26426 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	360.33
26428 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	442.64
26432 Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	298.75
26433 Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	319.94
26434 Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	373.46
26437 Realignment of extensor tendon, hand, each tendon	366.29

SURGICAL SCHEDULE

26440 Tenolysis, flexor tendon; palm OR finger, each tendon	379.25
26442 Tenolysis, flexor tendon; palm AND finger, each tendon	541.81
26445 Tenolysis, extensor tendon, hand OR finger, each tendon	357.14
26449 Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	459.42
26450 Tenotomy, flexor, palm, open, each tendon	235.53
26455 Tenotomy, flexor, finger, open, each tendon	233.67
26460 Tenotomy, extensor, hand or finger, open, each tendon	227.41
26471 Tenodesis; of proximal interphalangeal joint, each joint	360.24
26474 Tenodesis; of distal joint, each joint	349.13
26476 Lengthening of tendon, extensor, hand or finger, each tendon	338.81
26477 Shortening of tendon, extensor, hand or finger, each tendon	343.15
26478 Lengthening of tendon, flexor, hand or finger, each tendon	369.11
26479 Shortening of tendon, flexor, hand or finger, each tendon	364.76
26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	450.79
26483 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	498.32
26485 Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	481.36
26489 Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	487.96
26490 Opponensplasty; superficialis tendon transfer type, each tendon	449.88
26492 Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	497.76
26494 Opponensplasty; hypothenar muscle transfer	458.99
26496 Opponensplasty; other methods	490.98
26497 Transfer of tendon to restore intrinsic function; ring and small finger	493.12
26498 Transfer of tendon to restore intrinsic function; all four fingers	648.88
26499 Correction claw finger, other methods	466.07
26500 Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	366.77
26502 Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	408.33
26508 Release of thenar muscle(s) (eg, thumb contracture)	373.48
26510 Cross intrinsic transfer, each tendon	351.54
26516 Capsulodesis, metacarpophalangeal joint; single digit	410.13
26517 Capsulodesis, metacarpophalangeal joint; two digits	473.76
26518 Capsulodesis, metacarpophalangeal joint; three or four digits	473.50
26520 Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	396.16
26525 Capsulectomy or capsulotomy; interphalangeal joint, each joint	398.27
26530 Arthroplasty, metacarpophalangeal joint; each joint	290.21
26531 Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	337.03
26535 Arthroplasty, interphalangeal joint; each joint	209.66
26536 Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	372.21
26540 Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	386.80
26541 Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	465.26
26542 Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	397.33
26545 Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	405.39
26546 Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	550.73
26548 Repair and reconstruction, finger, volar plate, interphalangeal joint	442.05

SURGICAL SCHEDULE

26550 Pollicization of a digit	843.18
26551 Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	1,684.75
26553 Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	1,526.66
26554 Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	2,166.87
26555 Transfer, finger to another position without microvascular anastomosis	763.71
26556 Transfer, free toe joint, with microvascular anastomosis	1,573.99
26560 Repair of syndactyly (web finger) each web space; with skin flaps	321.39
26561 Repair of syndactyly (web finger) each web space; with skin flaps and grafts	502.45
26562 Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	670.09
26565 Osteotomy; metacarpal, each	395.18
26567 Osteotomy; phalanx of finger, each	396.74
26568 Osteoplasty, lengthening, metacarpal or phalanx	523.77
26580 Repair cleft hand	695.30
26587 Reconstruction of polydactylous digit, soft tissue and bone	507.79
26590 Repair macrodactylia, each digit	728.31
26591 Repair, intrinsic muscles of hand, each muscle	265.85
26593 Release, intrinsic muscles of hand, each muscle	348.97
26596 Excision of constricting ring of finger, with multiple Z-plasties	399.41
26600 Closed treatment of metacarpal fracture, single; without manipulation, each bone	127.35
26605 Closed treatment of metacarpal fracture, single; with manipulation, each bone	153.05
26607 Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	256.66
26608 Percutaneous skeletal fixation of metacarpal fracture, each bone	261.27
26615 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	284.76
26641 Closed treatment of carpometacarpal dislocation, thumb, with manipulation	166.72
26645 Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	197.34
26650 Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	259.99
26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	321.14
26670 Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	150.16
26675 Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	214.92
26676 Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	274.67
26685 Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	301.09
26686 Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	336.30
26700 Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	146.82
26705 Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	195.95
26706 Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	234.50
26715 Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	288.03
26720 Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	90.24
26725 Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb;	159.65

SURGICAL SCHEDULE

with manipulation, with or without skin or skeletal traction, each	
26727 Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	257.19
26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	297.93
26740 Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	110.21
26742 Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	176.25
26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	351.05
26750 Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	89.29
26755 Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	140.12
26756 Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	228.40
26765 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	239.98
26770 Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	122.45
26775 Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	176.29
26776 Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	242.45
26785 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	258.94
26820 Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	455.96
26841 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	430.04
26842 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	459.33
26843 Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	423.96
26844 Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	469.93
26850 Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	404.81
26852 Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	455.88
26860 Arthrodesis, interphalangeal joint, with or without internal fixation;	334.09
26861 Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	58.38
26862 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	419.76
26863 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	129.88
26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	406.86
26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	350.53
26952 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	379.05
26990 Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	337.12
26991 Incision and drainage, pelvis or hip joint area; infected bursa	280.82
26992 Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	527.48
27000 Tenotomy, adductor of hip, percutaneous (separate procedure)	247.54
27001 Tenotomy, adductor of hip, open	298.16
27003 Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	317.18

SURGICAL SCHEDULE

27005 Tenotomy, hip flexor(s), open (separate procedure)	399.82
27006 Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	404.96
27025 Fasciotomy, hip or thigh, any type	480.99
27030 Arthrotomy, hip, with drainage (eg, infection)	519.61
27033 Arthrotomy, hip, including exploration or removal of loose or foreign body	537.16
27035 Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	607.00
27036 Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	546.45
27040 Biopsy, soft tissue of pelvis and hip area; superficial	106.03
27041 Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	367.51
27047 Excision, tumor, pelvis and hip area; subcutaneous tissue	274.97
27048 Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular	254.75
27049 Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)	529.88
27050 Arthrotomy, with biopsy; sacroiliac joint	190.02
27052 Arthrotomy, with biopsy; hip joint	300.11
27054 Arthrotomy with synovectomy, hip joint	371.39
27060 Excision; ischial bursa	231.64
27062 Excision; trochanteric bursa or calcification	246.12
27065 Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	270.04
27066 Excision of bone cyst or benign tumor; deep, with or without autograft	440.57
27067 Excision of bone cyst or benign tumor; with autograft requiring separate incision	548.41
27070 Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	461.68
27071 Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	498.84
27075 Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	1,241.99
27076 Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	867.82
27077 Radical resection of tumor or infection; innominate bone, total	1,446.21
27078 Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur	549.31
27079 Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps	533.26
27080 Coccygectomy, primary	261.68
27086 Removal of foreign body, pelvis or hip; subcutaneous tissue	80.74
27087 Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	342.96
27090 Removal of hip prosthesis; (separate procedure)	457.76
27091 Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	864.81
27093 Injection procedure for hip arthrography; without anesthesia	38.27
27095 Injection procedure for hip arthrography; with anesthesia	42.89
27096 Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	34.98
27097 Release or recession, hamstring, proximal	362.41
27098 Transfer, adductor to ischium	335.34
27100 Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	447.33
27105 Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	461.23
27110 Transfer iliopsoas; to greater trochanter of femur	515.51

SURGICAL SCHEDULE

27111 Transfer iliopsoas; to femoral neck	485.86
27120 Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	701.98
27122 Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	606.48
27125 Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	610.11
27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	787.78
27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	920.57
27134 Revision of total hip arthroplasty; both components, with or without autograft or allograft	1,069.69
27137 Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	816.58
27138 Revision of total hip arthroplasty; femoral component only, with or without allograft	849.31
27140 Osteotomy and transfer of greater trochanter of femur (separate procedure)	495.28
27146 Osteotomy, iliac, acetabular or innominate bone;	693.96
27147 Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	796.83
27151 Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	788.15
27156 Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	943.62
27158 Osteotomy, pelvis, bilateral (eg, congenital malformation)	733.91
27161 Osteotomy, femoral neck (separate procedure)	671.77
27165 Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	741.89
27170 Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	645.89
27175 Treatment of slipped femoral epiphysis; by traction, without reduction	350.21
27176 Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	499.18
27177 Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	607.01
27178 Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	485.41
27179 Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	535.55
27181 Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	570.66
27185 Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	412.15
27187 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	548.95
27193 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	253.27
27194 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	399.26
27200 Closed treatment of coccygeal fracture	94.62
27202 Open treatment of coccygeal fracture	424.53
27215 Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation	407.45
27216 Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)	581.74
27217 Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)	556.96
27218 Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)	746.55
27220 Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	280.91
27222 Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	535.27

SURGICAL SCHEDULE

27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	548.18
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	912.17
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wit	1,043.87
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	249.25
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	421.05
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	500.80
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	644.16
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	244.78
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	518.97
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	636.23
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	779.39
27246	Closed treatment of greater trochanteric fracture, without manipulation	209.06
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	418.06
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	253.95
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	410.19
27253	Open treatment of hip dislocation, traumatic, without internal fixation	521.07
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	698.11
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	130.79
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	179.52
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	607.26
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	841.91
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	215.20
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	317.00
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	227.93
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	279.21
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	655.96
27275	Manipulation, hip joint, requiring general anesthesia	100.01
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	562.22
27282	Arthrodesis, symphysis pubis (including obtaining graft)	452.75
27284	Arthrodesis, hip joint (including obtaining graft);	878.78
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	877.12
27290	Interpelviabdominal amputation (hindquarter amputation)	848.10
27295	Disarticulation of hip	684.53
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	266.81
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	349.71

SURGICAL SCHEDULE

27305 Fasciotomy, iliotibial (tenotomy), open	256.73
27306 Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	213.99
27307 Tenotomy, percutaneous, adductor or hamstring; multiple tendons	258.77
27310 Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	395.74
27323 Biopsy, soft tissue of thigh or knee area; superficial	94.23
27324 Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	206.55
27325 Neurectomy, hamstring muscle	277.60
27326 Neurectomy, popliteal (gastrocnemius)	269.08
27327 Excision, tumor, thigh or knee area; subcutaneous	187.25
27328 Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular	226.31
27329 Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area	551.82
27330 Arthrotomy, knee; with synovial biopsy only	221.16
27331 Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	259.85
27332 Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	349.69
27333 Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	318.07
27334 Arthrotomy, with synovectomy, knee; anterior OR posterior	372.32
27335 Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	420.11
27340 Excision, prepatellar bursa	200.23
27345 Excision of synovial cyst of popliteal space (eg, Baker's cyst)	262.73
27347 Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	274.53
27350 Patellectomy or hemipatellectomy	355.91
27355 Excision or curettage of bone cyst or benign tumor of femur;	330.68
27356 Excision or curettage of bone cyst or benign tumor of femur; with allograft	402.40
27357 Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	448.00
27358 Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	159.92
27360 Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	468.02
27365 Radical resection of tumor, bone, femur or knee	666.26
27370 Injection procedure for knee arthrography	27.62
27372 Removal of foreign body, deep, thigh region or knee area	220.93
27380 Suture of infrapatellar tendon; primary	327.90
27381 Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	442.72
27385 Suture of quadriceps or hamstring muscle rupture; primary	350.27
27386 Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	460.18
27390 Tenotomy, open, hamstring, knee to hip; single tendon	239.34
27391 Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	313.48
27392 Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	386.78
27393 Lengthening of hamstring tendon; single tendon	278.01
27394 Lengthening of hamstring tendon; multiple tendons, one leg	358.55
27395 Lengthening of hamstring tendon; multiple tendons, bilateral	482.99
27396 Transplant, hamstring tendon to patella; single tendon	337.03
27397 Transplant, hamstring tendon to patella; multiple tendons	484.66
27400 Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	368.06
27403 Arthrotomy with meniscus repair, knee	352.73
27405 Repair, primary, torn ligament and/or capsule, knee; collateral	370.81
27407 Repair, primary, torn ligament and/or capsule, knee; cruciate	425.27

SURGICAL SCHEDULE

27409 Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	526.25
27412 Autologous chondrocyte implantation, knee	904.78
27415 Osteochondral allograft, knee, open	770.86
27416 Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	518.22
27418 Anterior tibial tubercleplasty (eg, Maquet type procedure)	457.48
27420 Reconstruction of dislocating patella; (eg, Hauser type procedure)	411.56
27422 Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	410.23
27424 Reconstruction of dislocating patella; with patellectomy	410.63
27425 Lateral retinacular release, open	244.05
27427 Ligamentous reconstruction (augmentation), knee; extra-articular	394.42
27428 Ligamentous reconstruction (augmentation), knee; intra-articular (open)	600.11
27429 Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	670.84
27430 Quadricepsplasty (eg, Bennett or Thompson type)	406.98
27435 Capsulotomy, posterior capsular release, knee	433.37
27437 Arthroplasty, patella; without prosthesis	362.45
27438 Arthroplasty, patella; with prosthesis	459.49
27440 Arthroplasty, knee, tibial plateau;	404.28
27441 Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	427.50
27442 Arthroplasty, femoral condyles or tibial plateau(s), knee;	478.45
27443 Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	450.15
27445 Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	693.24
27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	618.26
27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	846.96
27448 Osteotomy, femur, shaft or supracondylar; without fixation	452.73
27450 Osteotomy, femur, shaft or supracondylar; with fixation	561.88
27454 Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	707.81
27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	520.20
27457 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure	534.57
27465 Osteoplasty, femur; shortening (excluding 64876)	646.82
27466 Osteoplasty, femur; lengthening	649.03
27468 Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	731.62
27470 Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	647.53
27472 Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	700.61
27475 Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	358.51
27477 Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	401.80
27479 Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	535.63
27485 Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	369.20
27486 Revision of total knee arthroplasty, with or without allograft; one component	772.33
27487 Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	973.41
27488 Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without	653.72

SURGICAL SCHEDULE

insertion of spacer, knee	
27495 Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	623.74
27496 Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	274.99
27497 Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	295.99
27498 Decompression fasciotomy, thigh and/or knee, multiple compartments;	322.18
27499 Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	362.65
27500 Closed treatment of femoral shaft fracture, without manipulation	255.79
27501 Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	267.09
27502 Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	432.47
27503 Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	438.54
27506 Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	724.53
27507 Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	542.84
27508 Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	263.72
27509 Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	356.96
27510 Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	380.56
27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	568.04
27513 Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	715.31
27514 Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	600.45
27516 Closed treatment of distal femoral epiphyseal separation; without manipulation	248.90
27517 Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	362.97
27519 Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	536.17
27520 Closed treatment of patellar fracture, without manipulation	150.23
27524 Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	416.37
27530 Closed treatment of tibial fracture, proximal (plateau); without manipulation	194.82
27532 Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	314.64
27535 Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	506.14
27536 Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	648.11
27538 Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	234.82
27540 Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	468.51
27550 Closed treatment of knee dislocation; without anesthesia	240.08
27552 Closed treatment of knee dislocation; requiring anesthesia	340.05
27556 Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	529.61

SURGICAL SCHEDULE

27557 Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	626.78
27558 Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	683.05
27560 Closed treatment of patellar dislocation; without anesthesia	164.32
27562 Closed treatment of patellar dislocation; requiring anesthesia	244.86
27566 Open treatment of patellar dislocation, with or without partial or total patellectomy	493.38
27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	81.19
27580 Arthrodesis, knee, any technique	794.99
27590 Amputation, thigh, through femur, any level;	440.64
27591 Amputation, thigh, through femur, any level; immediate fitting technique including first cast	497.22
27592 Amputation, thigh, through femur, any level; open, circular (guillotine)	374.86
27594 Amputation, thigh, through femur, any level; secondary closure or scar revision	276.52
27596 Amputation, thigh, through femur, any level; re-amputation	397.92
27598 Disarticulation at knee	404.14
27600 Decompression fasciotomy, leg; anterior and/or lateral compartments only	231.01
27601 Decompression fasciotomy, leg; posterior compartment(s) only	237.87
27602 Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	282.53
27603 Incision and drainage, leg or ankle; deep abscess or hematoma	210.00
27604 Incision and drainage, leg or ankle; infected bursa	189.45
27605 Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	112.21
27606 Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	165.90
27607 Incision (eg, osteomyelitis or bone abscess), leg or ankle	332.63
27610 Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	359.18
27612 Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	311.36
27613 Biopsy, soft tissue of leg or ankle area; superficial	88.15
27614 Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	225.47
27615 Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area	484.53
27618 Excision, tumor, leg or ankle area; subcutaneous tissue	206.65
27619 Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)	322.49
27620 Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	257.00
27625 Arthrotomy, with synovectomy, ankle;	330.35
27626 Arthrotomy, with synovectomy, ankle; including tenosynovectomy	355.91
27630 Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	206.67
27635 Excision or curettage of bone cyst or benign tumor, tibia or fibula;	328.34
27637 Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	412.65
27638 Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	431.98
27640 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	484.81
27641 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula	389.86
27645 Radical resection of tumor, bone; tibia	584.09
27646 Radical resection of tumor, bone; fibula	520.08
27647 Radical resection of tumor, bone; talus or calcaneus	450.00
27648 Injection procedure for ankle arthrography	27.62
27650 Repair, primary, open or percutaneous, ruptured Achilles tendon;	387.85
27652 Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes	413.75

SURGICAL SCHEDULE

obtaining graft)	
27654 Repair, secondary, Achilles tendon, with or without graft	387.76
27656 Repair, fascial defect of leg	191.20
27658 Repair, flexor tendon, leg; primary, without graft, each tendon	214.48
27659 Repair, flexor tendon, leg; secondary, with or without graft, each tendon	280.65
27664 Repair, extensor tendon, leg; primary, without graft, each tendon	206.82
27665 Repair, extensor tendon, leg; secondary, with or without graft, each tendon	235.46
27675 Repair, dislocating peroneal tendons; without fibular osteotomy	286.85
27676 Repair, dislocating peroneal tendons; with fibular osteotomy	343.48
27680 Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	242.15
27681 Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	289.93
27685 Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	266.41
27686 Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	314.20
27687 Gastrocnemius recession (eg, Strayer procedure)	259.52
27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	339.24
27691 Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	404.34
27692 Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	62.21
27695 Repair, primary, disrupted ligament, ankle; collateral	277.50
27696 Repair, primary, disrupted ligament, ankle; both collateral ligaments	328.77
27698 Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	366.10
27700 Arthroplasty, ankle;	338.56
27702 Arthroplasty, ankle; with implant (total ankle)	553.38
27703 Arthroplasty, ankle; revision, total ankle	632.17
27704 Removal of ankle implant	309.00
27705 Osteotomy; tibia	426.19
27707 Osteotomy; fibula	219.22
27709 Osteotomy; tibia and fibula	576.33
27712 Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	594.07
27715 Osteoplasty, tibia and fibula, lengthening or shortening	584.58
27720 Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	485.97
27722 Repair of nonunion or malunion, tibia; with sliding graft	483.94
27724 Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	705.65
27725 Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	655.07
27726 Repair of fibula nonunion and/or malunion with internal fixation	478.93
27727 Repair of congenital pseudarthrosis, tibia	566.16
27730 Arrest, epiphyseal (epiphysiodesis), open; distal tibia	326.64
27732 Arrest, epiphyseal (epiphysiodesis), open; distal fibula	227.99
27734 Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	344.67
27740 Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	392.16
27742 Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	360.52
27745 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	418.41

SURGICAL SCHEDULE

27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	165.90
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	269.20
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	312.00
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	487.42
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	552.79
27760	Closed treatment of medial malleolus fracture; without manipulation	156.99
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	239.75
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	340.84
27767	Closed treatment of posterior malleolus fracture; without manipulation	141.95
27768	Closed treatment of posterior malleolus fracture; with manipulation	215.84
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	366.46
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	139.53
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	208.60
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	365.60
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	147.09
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	209.44
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	374.59
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	154.93
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	233.76
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	430.69
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	147.00
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	239.19
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	479.87
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	543.07
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	155.44
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	269.45
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	442.99
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	607.11
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	713.51
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	347.82
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	174.06
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	206.54
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when	364.80

SURGICAL SCHEDULE

performed, or with excision of proximal fibula	
27840 Closed treatment of ankle dislocation; without anesthesia	185.80
27842 Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	262.08
27846 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	407.75
27848 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	467.85
27860 Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	97.78
27870 Arthrodesis, ankle, open	575.63
27871 Arthrodesis, tibiofibular joint, proximal or distal	384.23
27880 Amputation, leg, through tibia and fibula;	487.38
27881 Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	490.21
27882 Amputation, leg, through tibia and fibula; open, circular (guillotine)	346.80
27884 Amputation, leg, through tibia and fibula; secondary closure or scar revision	319.98
27886 Amputation, leg, through tibia and fibula; re-amputation	362.83
27888 Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	388.82
27889 Ankle disarticulation	376.41
27892 Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	300.20
27893 Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	298.18
27894 Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	451.02
28001 Incision and drainage, bursa, foot	101.41
28002 Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	209.10
28003 Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	309.32
28005 Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	338.70
28008 Fasciotomy, foot and/or toe	171.39
28010 Tenotomy, percutaneous, toe; single tendon	118.87
28011 Tenotomy, percutaneous, toe; multiple tendons	168.26
28020 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	204.27
28022 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	188.81
28024 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	180.76
28035 Release, tarsal tunnel (posterior tibial nerve decompression)	204.12
28043 Excision, tumor, foot; subcutaneous tissue	148.37
28045 Excision, tumor, foot; deep, subfascial, intramuscular	185.73
28046 Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot	374.49
28050 Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	177.16
28052 Arthrotomy with biopsy; metatarsophalangeal joint	162.27
28054 Arthrotomy with biopsy; interphalangeal joint	148.24
28055 Neurectomy, intrinsic musculature of foot	217.26
28060 Fasciectomy, plantar fascia; partial (separate procedure)	204.03
28062 Fasciectomy, plantar fascia; radical (separate procedure)	235.49

SURGICAL SCHEDULE

28070 Synovectomy; intertarsal or tarsometatarsal joint, each	201.75
28072 Synovectomy; metatarsophalangeal joint, each	197.73
28080 Excision, interdigital (Morton) neuroma, single, each	191.72
28086 Synovectomy, tendon sheath, foot; flexor	210.76
28088 Synovectomy, tendon sheath, foot; extensor	172.69
28090 Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	176.74
28092 Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	158.82
28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	230.48
28102 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	302.16
28103 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	247.36
28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	201.34
28106 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	261.12
28107 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	216.36
28108 Excision or curettage of bone cyst or benign tumor, phalanges of foot	165.73
28110 Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	165.11
28111 Ostectomy, complete excision; first metatarsal head	192.32
28112 Ostectomy, complete excision; other metatarsal head (second, third or fourth)	180.92
28113 Ostectomy, complete excision; fifth metatarsal head	230.82
28114 Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	449.17
28116 Ostectomy, excision of tarsal coalition	315.62
28118 Ostectomy, calcaneus;	232.33
28119 Ostectomy, calcaneus; for spur, with or without plantar fascial release	205.36
28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	223.98
28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	284.10
28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	190.31
28126 Resection, partial or complete, phalangeal base, each toe	144.75
28130 Talectomy (astraglectomy)	357.46
28140 Metatarsectomy	258.79
28150 Phalangectomy, toe, each toe	164.78
28153 Resection, condyle(s), distal end of phalanx, each toe	147.14
28160 Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	157.44
28171 Radical resection of tumor, bone; tarsal (except talus or calcaneus)	342.12
28173 Radical resection of tumor, bone; metatarsal	311.61
28175 Radical resection of tumor, bone; phalanx of toe	219.32
28190 Removal of foreign body, foot; subcutaneous	75.61
28192 Removal of foreign body, foot; deep	183.76
28193 Removal of foreign body, foot; complicated	215.40
28200 Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	182.23
28202 Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	251.67
28208 Repair, tendon, extensor, foot; primary or secondary, each tendon	173.70
28210 Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining	233.39

SURGICAL SCHEDULE

graft)	
28220 Tenolysis, flexor, foot; single tendon	176.46
28222 Tenolysis, flexor, foot; multiple tendons	210.84
28225 Tenolysis, extensor, foot; single tendon	147.15
28226 Tenolysis, extensor, foot; multiple tendons	182.87
28230 Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	171.18
28232 Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	146.18
28234 Tenotomy, open, extensor, foot or toe, each tendon	151.57
28238 Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	282.32
28240 Tenotomy, lengthening, or release, abductor hallucis muscle	172.81
28250 Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	226.06
28260 Capsulotomy, midfoot; medial release only (separate procedure)	292.47
28261 Capsulotomy, midfoot; with tendon lengthening	439.23
28262 Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	626.73
28264 Capsulotomy, midtarsal (eg, Heyman type procedure)	391.45
28270 Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	190.41
28272 Capsulotomy; interphalangeal joint, each joint (separate procedure)	148.08
28280 Syndactylization, toes (eg, webbing or Kelikian type procedure)	211.23
28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	181.66
28286 Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	174.86
28288 Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	238.27
28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	307.83
28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	230.48
28292 Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	322.85
28293 Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	387.10
28294 Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	299.19
28296 Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	322.86
28297 Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	343.70
28298 Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	288.27
28299 Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	384.19
28300 Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	373.28
28302 Osteotomy; talus	370.31
28304 Osteotomy, tarsal bones, other than calcaneus or talus;	332.32
28305 Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	376.76
28306 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	226.66
28307 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	256.07
28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	206.21
28309 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal;	495.78

SURGICAL SCHEDULE

multiple (eg, Swanson type cavus foot procedure)	
28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	202.05
28312 Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	182.97
28313 Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	213.37
28315 Sesamoidectomy, first toe (separate procedure)	184.71
28320 Repair, nonunion or malunion; tarsal bones	355.62
28322 Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	327.20
28340 Reconstruction, toe, macrodactyly; soft tissue resection	249.85
28341 Reconstruction, toe, macrodactyly; requiring bone resection	293.37
28344 Reconstruction, toe(s); polydactyly	170.89
28345 Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	231.82
28360 Reconstruction, cleft foot	529.91
28400 Closed treatment of calcaneal fracture; without manipulation	122.21
28405 Closed treatment of calcaneal fracture; with manipulation	204.05
28406 Percutaneous skeletal fixation of calcaneal fracture, with manipulation	296.39
28415 Open treatment of calcaneal fracture, includes internal fixation, when performed;	645.37
28420 Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	668.80
28430 Closed treatment of talus fracture; without manipulation	109.38
28435 Closed treatment of talus fracture; with manipulation	162.20
28436 Percutaneous skeletal fixation of talus fracture, with manipulation	237.83
28445 Open treatment of talus fracture, includes internal fixation, when performed	598.71
28446 Open osteochondral autograft, talus (includes obtaining graft[s])	631.80
28450 Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	102.39
28455 Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	147.79
28456 Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	157.44
28465 Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	335.18
28470 Closed treatment of metatarsal fracture; without manipulation, each	102.33
28475 Closed treatment of metatarsal fracture; with manipulation, each	134.99
28476 Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	190.28
28485 Open treatment of metatarsal fracture, includes internal fixation, when performed, each	286.83
28490 Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	64.21
28495 Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	82.56
28496 Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	127.94
28505 Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	250.99
28510 Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	62.25
28515 Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	77.09
28525 Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	205.23
28530 Closed treatment of sesamoid fracture	57.04
28531 Open treatment of sesamoid fracture, with or without internal fixation	109.00
28540 Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	102.22
28545 Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	117.94

SURGICAL SCHEDULE

28546 Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	170.83
28555 Open treatment of tarsal bone dislocation, includes internal fixation, when performed	343.59
28570 Closed treatment of talotarsal joint dislocation; without anesthesia	88.48
28575 Closed treatment of talotarsal joint dislocation; requiring anesthesia	166.67
28576 Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	199.58
28585 Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	385.06
28600 Closed treatment of tarsometatarsal joint dislocation; without anesthesia	103.86
28605 Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	138.78
28606 Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	218.74
28615 Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	419.42
28630 Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	59.18
28635 Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	76.44
28636 Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	118.37
28645 Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	241.24
28660 Closed treatment of interphalangeal joint dislocation; without anesthesia	45.06
28665 Closed treatment of interphalangeal joint dislocation; requiring anesthesia	75.42
28666 Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	113.19
28675 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	204.58
28705 Arthrodesis; pantalar	725.38
28715 Arthrodesis; triple	538.83
28725 Arthrodesis; subtalar	448.53
28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	462.64
28735 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	441.23
28737 Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	390.45
28740 Arthrodesis, midtarsal or tarsometatarsal, single joint	347.38
28750 Arthrodesis, great toe; metatarsophalangeal joint	333.19
28755 Arthrodesis, great toe; interphalangeal joint	189.88
28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	319.37
28800 Amputation, foot; midtarsal (eg, Chopart type procedure)	317.46
28805 Amputation, foot; transmetatarsal	396.02
28810 Amputation, metatarsal, with toe, single	243.91
28820 Amputation, toe; metatarsophalangeal joint	193.49
28825 Amputation, toe; interphalangeal joint	160.48
28890 Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	123.31
29000 Application of halo type body cast (see 20661-20663 for insertion)	92.68
29010 Application of Risser jacket, localizer, body; only	90.66
29015 Application of Risser jacket, localizer, body; including head	89.09
29020 Application of turnbuckle jacket, body; only	79.72
29025 Application of turnbuckle jacket, body; including head	99.07
29035 Application of body cast, shoulder to hips;	76.66
29040 Application of body cast, shoulder to hips; including head, Minerva type	84.04
29044 Application of body cast, shoulder to hips; including one thigh	88.77

SURGICAL SCHEDULE

29046 Application of body cast, shoulder to hips; including both thighs	103.36
29049 Application, cast; figure-of-eight	33.02
29055 Application, cast; shoulder spica	73.02
29058 Application, cast; plaster Velpeau	45.00
29065 Application, cast; shoulder to hand (long arm)	37.56
29075 Application, cast; elbow to finger (short arm)	33.72
29085 Application, cast; hand and lower forearm (gauntlet)	35.56
29086 Application, cast; finger (eg, contracture)	25.74
29105 Application of long arm splint (shoulder to hand)	31.56
29125 Application of short arm splint (forearm to hand); static	22.44
29126 Application of short arm splint (forearm to hand); dynamic	27.11
29130 Application of finger splint; static	14.92
29131 Application of finger splint; dynamic	16.34
29200 Strapping; thorax	20.87
29220 Strapping; low back	21.65
29240 Strapping; shoulder (eg, Velpeau)	23.62
29260 Strapping; elbow or wrist	19.60
29280 Strapping; hand or finger	18.43
29305 Application of hip spica cast; one leg	86.43
29325 Application of hip spica cast; one and one-half spica or both legs	95.55
29345 Application of long leg cast (thigh to toes);	55.93
29355 Application of long leg cast (thigh to toes); walker or ambulatory type	59.64
29358 Application of long leg cast brace	56.82
29365 Application of cylinder cast (thigh to ankle)	48.55
29405 Application of short leg cast (below knee to toes);	35.85
29425 Application of short leg cast (below knee to toes); walking or ambulatory type	39.22
29435 Application of patellar tendon bearing (PTB) cast	47.81
29440 Adding walker to previously applied cast	18.65
29445 Application of rigid total contact leg cast	61.63
29450 Application of clubfoot cast with molding or manipulation, long or short leg	68.55
29505 Application of long leg splint (thigh to ankle or toes)	25.51
29515 Application of short leg splint (calf to foot)	26.64
29520 Strapping; hip	20.75
29530 Strapping; knee	20.00
29540 Strapping; ankle and/or foot	18.31
29550 Strapping; toes	17.02
29580 Strapping; Unna boot	19.93
29590 Denis-Browne splint strapping	22.58
29700 Removal or bivalving; gauntlet, boot or body cast	18.65
29705 Removal or bivalving; full arm or full leg cast	26.17
29710 Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	44.73
29715 Removal or bivalving; turnbuckle jacket	29.46
29720 Repair of spica, body cast or jacket	24.48
29730 Windowing of cast	24.95
29740 Wedging of cast (except clubfoot casts)	36.69
29750 Wedging of clubfoot cast	41.66
29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	288.88

SURGICAL SCHEDULE

29804 Arthroscopy, temporomandibular joint, surgical	355.85
29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	260.78
29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	585.74
29807 Arthroscopy, shoulder, surgical; repair of SLAP lesion	571.34
29819 Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	324.91
29820 Arthroscopy, shoulder, surgical; synovectomy, partial	299.77
29821 Arthroscopy, shoulder, surgical; synovectomy, complete	327.49
29822 Arthroscopy, shoulder, surgical; debridement, limited	318.86
29823 Arthroscopy, shoulder, surgical; debridement, extensive	348.01
29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	368.05
29825 Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	324.67
29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	371.59
29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	603.55
29828 Arthroscopy, shoulder, surgical; biceps tenodesis	491.20
29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	250.92
29834 Arthroscopy, elbow, surgical; with removal of loose body or foreign body	273.21
29835 Arthroscopy, elbow, surgical; synovectomy, partial	280.20
29836 Arthroscopy, elbow, surgical; synovectomy, complete	319.89
29837 Arthroscopy, elbow, surgical; debridement, limited	292.87
29838 Arthroscopy, elbow, surgical; debridement, extensive	327.66
29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	244.32
29843 Arthroscopy, wrist, surgical; for infection, lavage and drainage	260.88
29844 Arthroscopy, wrist, surgical; synovectomy, partial	273.68
29845 Arthroscopy, wrist, surgical; synovectomy, complete	309.57
29846 Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	287.21
29847 Arthroscopy, wrist, surgical; internal fixation for fracture or instability	296.97
29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament	267.56
29850 Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	299.16
29851 Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	518.04
29855 Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	435.99
29856 Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	554.33
29860 Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	356.22
29861 Arthroscopy, hip, surgical; with removal of loose body or foreign body	388.78
29862 Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	437.04
29863 Arthroscopy, hip, surgical; with synovectomy	429.64
29866 Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	578.37
29867 Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	696.83
29868 Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	937.38

SURGICAL SCHEDULE

29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	225.18
29871 Arthroscopy, knee, surgical; for infection, lavage and drainage	282.66
29873 Arthroscopy, knee, surgical; with lateral release	285.99
29874 Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	293.31
29875 Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	274.59
29876 Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	354.55
29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	335.86
29879 Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	358.83
29880 Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	374.70
29881 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	349.42
29882 Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	376.93
29883 Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	463.43
29884 Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	334.44
29885 Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	405.33
29886 Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	341.83
29887 Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	403.02
29888 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	544.28
29889 Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	663.92
29891 Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	379.83
29892 Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	390.77
29893 Endoscopic plantar fasciotomy	231.03
29894 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	285.49
29895 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	278.10
29897 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	291.78
29898 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	324.19
29899 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	578.48
29900 Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	256.86
29901 Arthroscopy, metacarpophalangeal joint, surgical; with debridement	282.93
29902 Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	293.42
29904 Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	329.70
29905 Arthroscopy, subtalar joint, surgical; with synovectomy	355.92
29906 Arthroscopy, subtalar joint, surgical; with debridement	374.94
29907 Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	458.31
30000 Drainage abscess or hematoma, nasal, internal approach	62.58
30020 Drainage abscess or hematoma, nasal septum	64.05
30100 Biopsy, intranasal	37.71
30110 Excision, nasal polyp(s), simple	69.98
30115 Excision, nasal polyp(s), extensive	232.92
30117 Excision or destruction (eg, laser), intranasal lesion; internal approach	180.65

SURGICAL SCHEDULE

30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	412.58
30120	Excision or surgical planing of skin of nose for rhinophyma	244.38
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	151.94
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	337.74
30130	Excision inferior turbinate, partial or complete, any method	206.49
30140	Submucous resection inferior turbinate, partial or complete, any method	234.06
30150	Rhinectomy; partial	438.40
30160	Rhinectomy; total	433.03
30200	Injection into turbinate(s), therapeutic	32.91
30210	Displacement therapy (Proetz type)	53.57
30220	Insertion, nasal septal prosthesis (button)	67.08
30300	Removal foreign body, intranasal; office type procedure	67.18
30310	Removal foreign body, intranasal; requiring general anesthesia	113.09
30320	Removal foreign body, intranasal; by lateral rhinotomy	255.63
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	576.36
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	695.05
30420	Rhinoplasty, primary; including major septal repair	747.92
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	520.73
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	680.18
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	872.77
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	423.37
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	854.47
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	527.47
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	314.02
30540	Repair choanal atresia; intranasal	375.20
30545	Repair choanal atresia; transpalatine	533.00
30560	Lysis intranasal synechia	76.40
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	272.72
30600	Repair fistula; oronasal	239.64
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	337.22
30630	Repair nasal septal perforations	335.84
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial	71.65
30802	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural	100.53
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	32.14
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	42.18
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	54.89
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	72.92
30915	Ligation arteries; ethmoidal	307.33
30920	Ligation arteries; internal maxillary artery, transantral	436.77
30930	Fracture nasal inferior turbinate(s), therapeutic	65.95
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	56.73
31002	Lavage by cannulation; sphenoid sinus	111.03

SURGICAL SCHEDULE

31020 Sinusotomy, maxillary (antrotomy); intranasal	192.40
31030 Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	282.59
31032 Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	307.63
31040 Pterygomaxillary fossa surgery, any approach	405.68
31050 Sinusotomy, sphenoid, with or without biopsy;	265.07
31051 Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	347.43
31070 Sinusotomy frontal; external, simple (trephine operation)	235.27
31075 Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	420.44
31080 Sinusotomy frontal; oblitative without osteoplastic flap, brow incision (includes ablation)	551.77
31081 Sinusotomy frontal; oblitative, without osteoplastic flap, coronal incision (includes ablation)	676.57
31084 Sinusotomy frontal; oblitative, with osteoplastic flap, brow incision	617.09
31085 Sinusotomy frontal; oblitative, with osteoplastic flap, coronal incision	669.15
31086 Sinusotomy frontal; nonoblitative, with osteoplastic flap, brow incision	599.36
31087 Sinusotomy frontal; nonoblitative, with osteoplastic flap, coronal incision	590.86
31090 Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	536.59
31200 Ethmoidectomy; intranasal, anterior	300.91
31201 Ethmoidectomy; intranasal, total	395.64
31205 Ethmoidectomy; extranasal, total	465.63
31225 Maxillectomy; without orbital exenteration	948.79
31230 Maxillectomy; with orbital exenteration (en bloc)	1,065.29
31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	42.06
31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	75.95
31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	90.32
31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	100.57
31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	108.96
31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	356.92
31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	89.59
31254 Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	153.19
31255 Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	226.51
31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	111.51
31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	179.06
31276 Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	284.98
31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;	130.64
31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	151.34
31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	624.22
31291 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	660.54
31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	541.35
31293 Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	588.30
31294 Nasal/sinus endoscopy, surgical; with optic nerve decompression	675.81
31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	672.28

SURGICAL SCHEDULE

31320 Laryngotomy (thyrotomy, laryngofissure); diagnostic	362.69
31360 Laryngectomy; total, without radical neck dissection	1,011.28
31365 Laryngectomy; total, with radical neck dissection	1,265.58
31367 Laryngectomy; subtotal supraglottic, without radical neck dissection	1,127.61
31368 Laryngectomy; subtotal supraglottic, with radical neck dissection	1,273.19
31370 Partial laryngectomy (hemilaryngectomy); horizontal	1,073.88
31375 Partial laryngectomy (hemilaryngectomy); laterovertical	1,008.78
31380 Partial laryngectomy (hemilaryngectomy); anterovertical	1,000.53
31382 Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	1,088.28
31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction	1,423.74
31395 Pharyngolaryngectomy, with radical neck dissection; with reconstruction	1,532.77
31400 Arytenoidectomy or arytenoidopexy, external approach	547.75
31420 Epiglottidectomy	445.27
31500 Intubation, endotracheal, emergency procedure	57.62
31502 Tracheotomy tube change prior to establishment of fistula tract	18.95
31505 Laryngoscopy, indirect; diagnostic (separate procedure)	26.93
31510 Laryngoscopy, indirect; with biopsy	66.05
31511 Laryngoscopy, indirect; with removal of foreign body	68.90
31512 Laryngoscopy, indirect; with removal of lesion	71.18
31513 Laryngoscopy, indirect; with vocal cord injection	72.97
31515 Laryngoscopy direct, with or without tracheoscopy; for aspiration	59.56
31520 Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	84.52
31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	87.67
31526 Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	87.45
31527 Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	105.20
31528 Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	78.34
31529 Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	89.74
31530 Laryngoscopy, direct, operative, with foreign body removal;	109.52
31531 Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	118.56
31535 Laryngoscopy, direct, operative, with biopsy;	105.16
31536 Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	117.67
31540 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	134.69
31541 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	147.49
31545 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	194.83
31546 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	296.56
31560 Laryngoscopy, direct, operative, with arytenoidectomy;	173.20
31561 Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	189.21
31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	126.34
31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	139.13
31575 Laryngoscopy, flexible fiberoptic; diagnostic	42.30
31576 Laryngoscopy, flexible fiberoptic; with biopsy	67.26

SURGICAL SCHEDULE

31577 Laryngoscopy, flexible fiberoptic; with removal of foreign body	82.67
31578 Laryngoscopy, flexible fiberoptic; with removal of lesion	91.60
31579 Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	77.03
31580 Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal	647.63
31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	1,045.55
31584 Laryngoplasty; with open reduction of fracture	817.04
31587 Laryngoplasty, cricoid split	513.41
31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	607.81
31590 Laryngeal reinnervation by neuromuscular pedicle	505.41
31595 Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	421.00
31600 Tracheostomy, planned (separate procedure);	216.14
31601 Tracheostomy, planned (separate procedure); younger than two years	140.33
31603 Tracheostomy, emergency procedure; transtracheal	121.08
31605 Tracheostomy, emergency procedure; cricothyroid membrane	98.71
31610 Tracheostomy, fenestration procedure with skin flaps	382.10
31611 Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	290.50
31612 Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	25.64
31613 Tracheostoma revision; simple, without flap rotation	242.26
31614 Tracheostoma revision; complex, with flap rotation	389.89
31615 Tracheobronchoscopy through established tracheostomy incision	68.81
31620 Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))	38.52
31622 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	78.16
31623 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings	78.29
31624 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage	78.29
31625 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites	91.55
31628 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe	101.56
31629 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	107.95
31630 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture	112.84
31631 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	125.46
31632 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	29.95
31633 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	36.34
31635 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body	102.82
31636 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	122.63
31637 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)	43.27
31638 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of	135.42

SURGICAL SCHEDULE

tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	
31640 Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor	144.03
31641 Bronchoscopy (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	139.81
31643 Bronchoscopy (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application	94.81
31645 Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	85.66
31646 Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent	74.55
31656 Bronchoscopy (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)	61.11
31715 Transtracheal injection for bronchography	28.95
31717 Catheterization with bronchial brush biopsy	59.78
31720 Catheter aspiration (separate procedure); nasotracheal	27.95
31725 Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	50.61
31730 Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	77.52
31750 Tracheoplasty; cervical	726.47
31755 Tracheoplasty; tracheopharyngeal fistulization, each stage	934.07
31760 Tracheoplasty; intrathoracic	746.60
31766 Carinal reconstruction	995.94
31770 Bronchoplasty; graft repair	724.61
31775 Bronchoplasty; excision stenosis and anastomosis	778.85
31780 Excision tracheal stenosis and anastomosis; cervical	637.36
31781 Excision tracheal stenosis and anastomosis; cervicothoracic	767.44
31785 Excision of tracheal tumor or carcinoma; cervical	586.34
31786 Excision of tracheal tumor or carcinoma; thoracic	818.56
31800 Suture of tracheal wound or injury; cervical	384.84
31805 Suture of tracheal wound or injury; intrathoracic	451.78
31820 Surgical closure tracheostomy or fistula; without plastic repair	176.20
31825 Surgical closure tracheostomy or fistula; with plastic repair	258.90
31830 Revision of tracheostomy scar	184.90
32035 Thoracostomy; with rib resection for empyema	379.38
32036 Thoracostomy; with open flap drainage for empyema	411.82
32095 Thoracotomy, limited, for biopsy of lung or pleura	340.35
32100 Thoracotomy, major; with exploration and biopsy	528.81
32110 Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear	787.37
32120 Thoracotomy, major; for postoperative complications	467.65
32124 Thoracotomy, major; with open intrapleural pneumonolysis	497.86
32140 Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure	532.28
32141 Thoracotomy, major; with excision-plectomy of bullae, with or without any pleural procedure	751.93
32150 Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit	536.71
32151 Thoracotomy, major; with removal of intrapulmonary foreign body	549.36
32160 Thoracotomy, major; with cardiac massage	402.98
32200 Pneumonostomy; with open drainage of abscess or cyst	599.30
32201 Pneumonostomy; with percutaneous drainage of abscess or cyst	110.38
32215 Pleural scarification for repeat pneumothorax	436.92
32220 Decortication, pulmonary (separate procedure); total	871.70

SURGICAL SCHEDULE

32225 Decortication, pulmonary (separate procedure); partial	537.02
32310 Pleurectomy, parietal (separate procedure)	499.41
32320 Decortication and parietal pleurectomy	865.86
32400 Biopsy, pleura; percutaneous needle	47.58
32402 Biopsy, pleura; open	307.14
32405 Biopsy, lung or mediastinum, percutaneous needle	53.32
32420 Pneumocentesis, puncture of lung for aspiration	58.99
32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	41.01
32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	67.76
32440 Removal of lung, total pneumonectomy;	875.54
32442 Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	1,513.20
32445 Removal of lung, total pneumonectomy; extrapleural	1,678.14
32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	825.22
32482 Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)	879.23
32484 Removal of lung, other than total pneumonectomy; single segment (segmentectomy)	789.02
32486 Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	1,195.83
32488 Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	1,222.80
32491 Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	809.51
32500 Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	801.43
32501 Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	136.21
32503 Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	1,014.32
32504 Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	1,155.70
32540 Extrapleural enucleation of empyema (empyemectomy)	850.35
32550 Insertion of indwelling tunneled pleural catheter with cuff	124.09
32551 Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	98.68
32560 Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	60.84
32601 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy	172.94
32602 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	187.66
32603 Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy	240.69
32604 Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	269.65
32605 Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy	217.43
32606 Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	259.74
32650 Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	381.60
32651 Thoracoscopy, surgical; with partial pulmonary decortication	565.75
32652 Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	849.37
32653 Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	549.39
32654 Thoracoscopy, surgical; with control of traumatic hemorrhage	596.41
32655 Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	510.53
32656 Thoracoscopy, surgical; with parietal pleurectomy	456.60
32657 Thoracoscopy, surgical; with wedge resection of lung, single or multiple	450.70

SURGICAL SCHEDULE

32658 Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	411.16
32659 Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	417.38
32660 Thoracoscopy, surgical; with total pericardiectomy	580.40
32661 Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	458.32
32662 Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	514.33
32663 Thoracoscopy, surgical; with lobectomy, total or segmental	757.40
32664 Thoracoscopy, surgical; with thoracic sympathectomy	478.96
32665 Thoracoscopy, surgical; with esophagomyotomy (Heller type)	643.98
32800 Repair lung hernia through chest wall	506.98
32810 Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	494.10
32815 Open closure of major bronchial fistula	1,333.11
32820 Major reconstruction, chest wall (posttraumatic)	743.88
32851 Lung transplant, single; without cardiopulmonary bypass	1,466.47
32852 Lung transplant, single; with cardiopulmonary bypass	1,640.92
32853 Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	1,752.60
32854 Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	1,896.29
32900 Resection of ribs, extrapleural, all stages	739.39
32905 Thoracoplasty, Schede type or extrapleural (all stages);	739.13
32906 Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	910.40
32940 Pneumonolysis, extraperiosteal, including filling or packing procedures	676.41
32960 Pneumothorax, therapeutic, intrapleural injection of air	52.16
32997 Total lung lavage (unilateral)	190.58
32998 Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	159.05
33010 Pericardiocentesis; initial	65.70
33011 Pericardiocentesis; subsequent	67.45
33015 Tube pericardiostomy	290.87
33020 Pericardiotomy for removal of clot or foreign body (primary procedure)	474.32
33025 Creation of pericardial window or partial resection for drainage	441.43
33030 Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	701.73
33031 Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	775.45
33050 Excision of pericardial cyst or tumor	544.52
33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass	858.30
33130 Resection of external cardiac tumor	748.27
33140 Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	839.08
33141 Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	93.35
33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	429.29
33203 Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	435.03
33206 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	260.99
33207 Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	278.66
33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	297.23
33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	99.12
33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	101.33

SURGICAL SCHEDULE

33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	195.75
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	222.10
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	279.23
33215	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode	178.34
33216	Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator	219.73
33217	Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator	219.01
33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	227.47
33220	Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator	228.14
33222	Revision or relocation of skin pocket for pacemaker	205.52
33223	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator	243.36
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of	283.65
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for p	252.77
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	274.51
33233	Removal of permanent pacemaker pulse generator	144.98
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	281.57
33235	Removal of transvenous pacemaker electrode(s); dual lead system	367.85
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	440.04
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	481.06
33238	Removal of permanent transvenous electrode(s) by thoracotomy	526.22
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	266.25
33241	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator	135.54
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy	746.70
33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	496.70
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator	513.47
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	813.44
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	887.16
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	750.02
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	900.05
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	1,074.90
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac	328.99

SURGICAL SCHEDULE

procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	
33258 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	371.63
33259 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	490.82
33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	893.22
33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	750.02
33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	1,024.34
33282 Implantation of patient-activated cardiac event recorder	190.55
33284 Removal of an implantable, patient-activated cardiac event recorder	142.11
33300 Repair of cardiac wound; without bypass	1,164.37
33305 Repair of cardiac wound; with cardiopulmonary bypass	1,881.27
33310 Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	649.78
33315 Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	812.48
33320 Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	583.19
33321 Suture repair of aorta or great vessels; with shunt bypass	670.18
33322 Suture repair of aorta or great vessels; with cardiopulmonary bypass	753.55
33330 Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	765.91
33332 Insertion of graft, aorta or great vessels; with shunt bypass	761.92
33335 Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	1,033.74
33400 Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	1,216.53
33401 Valvuloplasty, aortic valve; open, with inflow occlusion	823.01
33403 Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	877.12
33404 Construction of apical-aortic conduit	999.14
33405 Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	1,286.71
33406 Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	1,540.67
33410 Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	1,354.50
33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp	1,735.50
33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	1,401.71
33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	1,782.07
33414 Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	1,170.45
33415 Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	1,081.52
33416 Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	1,099.68
33417 Aortoplasty (gusset) for supraaortic stenosis	940.79
33420 Valvotomy, mitral valve; closed heart	737.67
33422 Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	940.18
33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;	1,369.64
33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	1,306.43
33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	1,390.49
33430 Replacement, mitral valve, with cardiopulmonary bypass	1,478.57

SURGICAL SCHEDULE

33460 Valvectomy, tricuspid valve, with cardiopulmonary bypass	1,203.09
33463 Valvuloplasty, tricuspid valve; without ring insertion	1,513.69
33464 Valvuloplasty, tricuspid valve; with ring insertion	1,261.93
33465 Replacement, tricuspid valve, with cardiopulmonary bypass	1,391.42
33468 Tricuspid valve repositioning and plication for Ebstein anomaly	1,048.03
33470 Valvotomy, pulmonary valve, closed heart; transventricular	632.97
33471 Valvotomy, pulmonary valve, closed heart; via pulmonary artery	760.24
33472 Valvotomy, pulmonary valve, open heart; with inflow occlusion	757.61
33474 Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass	1,075.58
33475 Replacement, pulmonary valve	1,257.86
33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy	807.90
33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	888.02
33496 Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	933.18
33500 Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	875.91
33501 Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	596.11
33502 Repair of anomalous coronary artery from pulmonary artery origin; by ligation	717.62
33503 Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	713.62
33504 Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	815.75
33505 Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	1,081.76
33506 Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	1,132.83
33507 Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	970.98
33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	8.99
33510 Coronary artery bypass, vein only; single coronary venous graft	1,098.33
33511 Coronary artery bypass, vein only; two coronary venous grafts	1,187.88
33512 Coronary artery bypass, vein only; three coronary venous grafts	1,316.89
33513 Coronary artery bypass, vein only; four coronary venous grafts	1,355.07
33514 Coronary artery bypass, vein only; five coronary venous grafts	1,414.76
33516 Coronary artery bypass, vein only; six or more coronary venous grafts	1,471.27
33517 Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	98.25
33518 Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for primary procedure)	208.71
33519 Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for primary procedure)	281.37
33521 Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for primary procedure)	344.67
33522 Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for primary procedure)	398.24
33523 Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for primary procedure)	458.09
33530 Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)	263.06
33533 Coronary artery bypass, using arterial graft(s); single arterial graft	1,078.08

SURGICAL SCHEDULE

33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts	1,232.26
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts	1,351.51
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts	1,442.71
33542	Myocardial resection (eg, ventricular aneurysmectomy)	1,338.08
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	1,589.84
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	1,581.72
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	130.54
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	959.27
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	912.22
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	991.67
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	1,024.15
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	1,012.83
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	1,074.45
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	1,154.75
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	1,083.22
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	1,214.49
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	1,515.41
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	862.60
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	875.94
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	936.47
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	997.32
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	1,045.20
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	1,129.79
33675	Closure of multiple ventricular septal defects;	1,158.97
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	1,197.86
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	1,245.06
33681	Closure of single ventricular septal defect, with or without patch;	1,031.06
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	1,030.47
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	1,016.15
33690	Banding of pulmonary artery	642.28
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	1,093.68
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	1,072.89
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	1,166.61
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	865.24
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	968.61

SURGICAL SCHEDULE

33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	868.72
33722 Closure of aortico-left ventricular tunnel	848.70
33724 Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	853.49
33726 Repair of pulmonary venous stenosis	1,119.90
33730 Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	1,108.30
33732 Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	931.31
33735 Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	687.98
33736 Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	806.67
33737 Atrial septectomy or septostomy; open heart, with inflow occlusion	731.73
33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	662.36
33755 Shunt; ascending aorta to pulmonary artery (Waterston type operation)	691.45
33762 Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	715.71
33764 Shunt; central, with prosthetic graft	715.93
33766 Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)	764.56
33767 Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	799.58
33768 Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	229.84
33770 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	1,176.62
33771 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	1,188.62
33774 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	1,021.71
33775 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	1,027.85
33776 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	1,072.47
33777 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	1,067.52
33778 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	1,317.31
33779 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	1,184.48
33780 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	1,272.18
33781 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	1,230.01
33786 Total repair, truncus arteriosus (Rastelli type operation)	1,275.48
33788 Reimplantation of an anomalous pulmonary artery	842.49
33800 Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	556.51
33802 Division of aberrant vessel (vascular ring);	596.35
33803 Division of aberrant vessel (vascular ring); with reanastomosis	644.52
33813 Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	704.99
33814 Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	857.38
33820 Repair of patent ductus arteriosus; by ligation	547.23
33822 Repair of patent ductus arteriosus; by division, younger than 18 years	569.28
33824 Repair of patent ductus arteriosus; by division, 18 years and older	662.23
33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with	675.78

SURGICAL SCHEDULE

direct anastomosis	
33845 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	746.81
33851 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	715.01
33852 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	809.41
33853 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	1,029.19
33860 Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;	1,658.69
33861 Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction	1,364.71
33863 Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction	1,691.11
33864 Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg, David Procedure, Yacoub Procedure)	1,741.42
33870 Transverse arch graft, with cardiopulmonary bypass	1,422.47
33875 Descending thoracic aorta graft, with or without bypass	1,098.76
33877 Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	1,839.85
33880 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic	984.61
33881 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic	850.81
33883 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	630.93
33884 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately)	226.02
33886 Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	546.74
33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	454.75
33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	586.57
33910 Pulmonary artery embolectomy; with cardiopulmonary bypass	905.72
33915 Pulmonary artery embolectomy; without cardiopulmonary bypass	708.38
33916 Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	874.71
33917 Repair of pulmonary artery stenosis by reconstruction with patch or graft	820.65
33920 Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	984.06
33922 Transection of pulmonary artery with cardiopulmonary bypass	771.76
33924 Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	162.11
33925 Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	1,062.94
33926 Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	1,362.39
33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy	1,978.35
33945 Heart transplant, with or without recipient cardiectomy	2,382.23

SURGICAL SCHEDULE

33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	540.98
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)	298.18
33967	Insertion of intra-aortic balloon assist device, percutaneous	147.38
33968	Removal of intra-aortic balloon assist device, percutaneous	19.08
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	201.22
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	392.68
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	296.65
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	503.93
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	611.00
33976	Insertion of ventricular assist device; extracorporeal, biventricular	683.96
33977	Removal of ventricular assist device; extracorporeal, single ventricle	684.58
33978	Removal of ventricular assist device; extracorporeal, biventricular	762.40
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	1,353.32
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	1,979.40
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	526.20
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	547.22
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	349.52
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	348.99
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	800.15
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	529.33
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	556.35
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	797.85
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	419.06
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	865.13
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	565.01
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	350.79
34501	Valvuloplasty, femoral vein	544.53
34502	Reconstruction of vena cava, any method	873.11
34510	Venous valve transposition, any vein donor	622.74
34520	Cross-over vein graft to venous system	590.51
34530	Saphenopopliteal vein anastomosis	551.03
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	649.29
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)	704.32
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)	716.62
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	702.24
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis	662.43

SURGICAL SCHEDULE

34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	57.25
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	119.06
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	200.20
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	136.82
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	283.93
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	398.93
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	115.78
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	1,042.39
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	1,088.00
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	1,128.75
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	354.02
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	161.72
34900	Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	519.51
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	656.11
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	686.04
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	601.19
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	573.40
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	708.79
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	689.83
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	791.95
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	554.63
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	973.84
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	1,237.45

SURGICAL SCHEDULE

35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, ren	1,057.94
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	1,471.22
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, exter	1,058.17
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	1,279.32
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	792.41
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	957.70
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	949.42
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	1,110.59
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	808.69
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	971.80
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	643.73
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	764.66
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	724.23
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	838.82
35180	Repair, congenital arteriovenous fistula; head and neck	454.66
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	970.05
35184	Repair, congenital arteriovenous fistula; extremities	583.00
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	497.06
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	917.43
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	429.66
35201	Repair blood vessel, direct; neck	538.70
35206	Repair blood vessel, direct; upper extremity	440.97
35207	Repair blood vessel, direct; hand, finger	404.65
35211	Repair blood vessel, direct; intrathoracic, with bypass	771.76
35216	Repair blood vessel, direct; intrathoracic, without bypass	994.47
35221	Repair blood vessel, direct; intra-abdominal	787.40
35226	Repair blood vessel, direct; lower extremity	487.76
35231	Repair blood vessel with vein graft; neck	667.93

SURGICAL SCHEDULE

35236 Repair blood vessel with vein graft; upper extremity	558.96
35241 Repair blood vessel with vein graft; intrathoracic, with bypass	809.00
35246 Repair blood vessel with vein graft; intrathoracic, without bypass	869.67
35251 Repair blood vessel with vein graft; intra-abdominal	938.77
35256 Repair blood vessel with vein graft; lower extremity	589.47
35261 Repair blood vessel with graft other than vein; neck	590.73
35266 Repair blood vessel with graft other than vein; upper extremity	490.13
35271 Repair blood vessel with graft other than vein; intrathoracic, with bypass	768.91
35276 Repair blood vessel with graft other than vein; intrathoracic, without bypass	809.71
35281 Repair blood vessel with graft other than vein; intra-abdominal	897.61
35286 Repair blood vessel with graft other than vein; lower extremity	543.28
35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	605.60
35302 Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	628.83
35303 Thromboendarterectomy, including patch graft, if performed; popliteal artery	689.89
35304 Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	717.89
35305 Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	689.89
35306 Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	257.06
35311 Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	861.61
35321 Thromboendarterectomy, including patch graft, if performed; axillary-brachial	516.13
35331 Thromboendarterectomy, including patch graft, if performed; abdominal aorta	841.09
35341 Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	801.54
35351 Thromboendarterectomy, including patch graft, if performed; iliac	738.67
35355 Thromboendarterectomy, including patch graft, if performed; iliofemoral	601.39
35361 Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	909.40
35363 Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	973.05
35371 Thromboendarterectomy, including patch graft, if performed; common femoral	479.61
35372 Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	574.45
35390 Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)	92.34
35400 Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	87.35
35450 Transluminal balloon angioplasty, open; renal or other visceral artery	292.75
35452 Transluminal balloon angioplasty, open; aortic	205.48
35454 Transluminal balloon angioplasty, open; iliac	180.98
35456 Transluminal balloon angioplasty, open; femoral-popliteal	218.62
35458 Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	279.85
35459 Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	257.58
35460 Transluminal balloon angioplasty, open; venous	179.10
35470 Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	254.80
35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery	301.98
35472 Transluminal balloon angioplasty, percutaneous; aortic	206.26
35473 Transluminal balloon angioplasty, percutaneous; iliac	181.03
35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal	217.70
35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	269.73

SURGICAL SCHEDULE

35476 Transluminal balloon angioplasty, percutaneous; venous	172.03
35480 Transluminal peripheral atherectomy, open; renal or other visceral artery	330.28
35481 Transluminal peripheral atherectomy, open; aortic	232.64
35482 Transluminal peripheral atherectomy, open; iliac	198.47
35483 Transluminal peripheral atherectomy, open; femoral-popliteal	243.53
35484 Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	301.64
35485 Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	283.88
35490 Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	336.11
35491 Transluminal peripheral atherectomy, percutaneous; aortic	242.37
35492 Transluminal peripheral atherectomy, percutaneous; iliac	211.11
35493 Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	253.45
35494 Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	318.31
35495 Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	294.99
35500 Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	184.25
35501 Bypass graft, with vein; common carotid-ipsilateral internal carotid	866.82
35506 Bypass graft, with vein; carotid-subclavian or subclavian-carotid	744.04
35508 Bypass graft, with vein; carotid-vertebral	760.28
35509 Bypass graft, with vein; carotid-contralateral carotid	844.33
35510 Bypass graft, with vein; carotid-brachial	707.33
35511 Bypass graft, with vein; subclavian-subclavian	681.04
35512 Bypass graft, with vein; subclavian-brachial	693.63
35515 Bypass graft, with vein; subclavian-vertebral	762.24
35516 Bypass graft, with vein; subclavian-axillary	666.06
35518 Bypass graft, with vein; axillary-axillary	683.64
35521 Bypass graft, with vein; axillary-femoral	729.62
35522 Bypass graft, with vein; axillary-brachial	676.70
35523 Bypass graft, with vein; brachial-ulnar or -radial	709.56
35525 Bypass graft, with vein; brachial-brachial	641.82
35526 Bypass graft, with vein; aortosubclavian or carotid	983.04
35531 Bypass graft, with vein; aortoceliac or aortomesenteric	1,152.26
35533 Bypass graft, with vein; axillary-femoral-femoral	894.29
35536 Bypass graft, with vein; splenorenal	998.62
35537 Bypass graft, with vein; aortoiliac	1,219.39
35538 Bypass graft, with vein; aortobi-iliac	1,360.77
35539 Bypass graft, with vein; aortofemoral	1,276.21
35540 Bypass graft, with vein; aortobifemoral	1,422.38
35548 Bypass graft, with vein; aortoiliiofemoral, unilateral	692.75
35549 Bypass graft, with vein; aortoiliiofemoral, bilateral	756.87
35551 Bypass graft, with vein; aortofemoral-popliteal	850.86
35556 Bypass graft, with vein; femoral-popliteal	782.10
35558 Bypass graft, with vein; femoral-femoral	703.90
35560 Bypass graft, with vein; aortorenal	1,025.64
35563 Bypass graft, with vein; ilioiliac	795.77
35565 Bypass graft, with vein; iliofemoral	758.63
35566 Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	936.80

SURGICAL SCHEDULE

35571 Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	776.97
35572 Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	199.18
35583 In-situ vein bypass; femoral-popliteal	807.10
35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	955.67
35587 In-situ vein bypass; popliteal-tibial, peroneal	804.23
35600 Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	146.27
35601 Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	814.91
35606 Bypass graft, with other than vein; carotid-subclavian	670.70
35612 Bypass graft, with other than vein; subclavian-subclavian	527.72
35616 Bypass graft, with other than vein; subclavian-axillary	632.25
35621 Bypass graft, with other than vein; axillary-femoral	641.60
35623 Bypass graft, with other than vein; axillary-popliteal or -tibial	784.83
35626 Bypass graft, with other than vein; aortosubclavian or carotid	900.75
35631 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	1,072.47
35636 Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	943.42
35637 Bypass graft, with other than vein; aortoiliac	967.28
35638 Bypass graft, with other than vein; aortobi-iliac	982.60
35642 Bypass graft, with other than vein; carotid-vertebral	579.52
35645 Bypass graft, with other than vein; subclavian-vertebral	593.42
35646 Bypass graft, with other than vein; aortobifemoral	993.56
35647 Bypass graft, with other than vein; aortofemoral	897.96
35650 Bypass graft, with other than vein; axillary-axillary	618.55
35651 Bypass graft, with other than vein; aortofemoral-popliteal	791.31
35654 Bypass graft, with other than vein; axillary-femoral-femoral	794.61
35656 Bypass graft, with other than vein; femoral-popliteal	628.14
35661 Bypass graft, with other than vein; femoral-femoral	629.47
35663 Bypass graft, with other than vein; ilioiliac	726.87
35665 Bypass graft, with other than vein; iliofemoral	683.23
35666 Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	739.17
35671 Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	651.08
35681 Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	46.27
35682 Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)	205.94
35683 Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)	242.36
35685 Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	115.91
35686 Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	96.45
35691 Transposition and/or reimplantation; vertebral to carotid artery	572.32
35693 Transposition and/or reimplantation; vertebral to subclavian artery	508.19
35694 Transposition and/or reimplantation; subclavian to carotid artery	597.71
35695 Transposition and/or reimplantation; carotid to subclavian artery	616.82
35697 Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	86.05
35700 Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial,	88.55

SURGICAL SCHEDULE

peroneal artery, or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)	
35701 Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	308.20
35721 Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	265.53
35741 Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	287.88
35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	215.30
35800 Exploration for postoperative hemorrhage, thrombosis or infection; neck	273.22
35820 Exploration for postoperative hemorrhage, thrombosis or infection; chest	950.49
35840 Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	353.32
35860 Exploration for postoperative hemorrhage, thrombosis or infection; extremity	231.52
35870 Repair of graft-enteric fistula	732.23
35875 Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	343.71
35876 Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	545.69
35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	536.72
35881 Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	597.03
35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	705.56
35884 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	749.01
35901 Excision of infected graft; neck	295.02
35903 Excision of infected graft; extremity	335.04
35905 Excision of infected graft; thorax	1,006.59
35907 Excision of infected graft; abdomen	1,101.43
36000 Introduction of needle or intracatheter, vein	4.96
36002 Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	61.75
36005 Injection procedure for extremity venography (including introduction of needle or intracatheter)	26.81
36010 Introduction of catheter, superior or inferior vena cava	67.87
36011 Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	88.34
36012 Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	98.51
36013 Introduction of catheter, right heart or main pulmonary artery	71.38
36014 Selective catheter placement, left or right pulmonary artery	84.85
36015 Selective catheter placement, segmental or subsegmental pulmonary artery	95.25
36100 Introduction of needle or intracatheter, carotid or vertebral artery	89.04
36120 Introduction of needle or intracatheter; retrograde brachial artery	54.59
36140 Introduction of needle or intracatheter; extremity artery	56.39
36145 Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	54.72
36160 Introduction of needle or intracatheter, aortic, translumbar	75.09
36200 Introduction of catheter, aorta	84.80
36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	132.80
36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	149.20
36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	179.72
36218 Selective catheter placement, arterial system; additional second order, third order, and	28.62

SURGICAL SCHEDULE

beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	
36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	137.61
36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	150.45
36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	179.35
36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	28.62
36260 Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	326.38
36261 Revision of implanted intra-arterial infusion pump	200.06
36262 Removal of implanted intra-arterial infusion pump	153.67
36400 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein	9.66
36405 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein	8.22
36406 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein	4.71
36410 Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	4.71
36420 Venipuncture, cutdown; younger than age 1 year	25.68
36425 Venipuncture, cutdown; age 1 or over	20.26
36430 Transfusion, blood or blood components	25.46
36440 Push transfusion, blood, 2 years or younger	27.67
36450 Exchange transfusion, blood; newborn	63.32
36455 Exchange transfusion, blood; other than newborn	67.67
36460 Transfusion, intrauterine, fetal	188.06
36470 Injection of sclerosing solution; single vein	39.53
36471 Injection of sclerosing solution; multiple veins, same leg	55.18
36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	183.13
36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in a	88.76
36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	185.09
36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition t	90.23
36481 Percutaneous portal vein catheterization by any method	199.47
36500 Venous catheterization for selective organ blood sampling	99.62
36510 Catheterization of umbilical vein for diagnosis or therapy, newborn	33.08
36511 Therapeutic apheresis; for white blood cells	48.82
36512 Therapeutic apheresis; for red blood cells	49.31
36513 Therapeutic apheresis; for platelets	51.13
36514 Therapeutic apheresis; for plasma pheresis	48.08
36515 Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	46.86
36516 Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	34.22
36522 Photopheresis, extracorporeal	56.39

SURGICAL SCHEDULE

36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	67.26
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	65.36
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	166.77
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	161.32
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	197.02
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	190.66
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	201.69
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	188.45
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	200.93
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	51.40
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	52.61
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	169.10
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	173.06
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	23.62
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	103.92
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	119.90
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	38.71
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	111.07
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	162.42
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	163.71
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	40.82
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	153.45
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	78.94
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	111.61
36591	Collection of blood specimen from a completely implantable venous access device	13.51
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	16.70
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	25.22
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	103.75
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	26.14
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	34.43

SURGICAL SCHEDULE

36598 Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	50.19
36600 Arterial puncture, withdrawal of blood for diagnosis	8.13
36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	26.86
36625 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	57.36
36640 Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	66.76
36660 Catheterization, umbilical artery, newborn, for diagnosis or therapy	38.89
36680 Placement of needle for intraosseous infusion	33.90
36800 Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	90.84
36810 Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	119.38
36815 Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	83.13
36818 Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	390.99
36819 Arteriovenous anastomosis, open; by upper arm basilic vein transposition	450.13
36820 Arteriovenous anastomosis, open; by forearm vein transposition	451.56
36821 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	301.60
36822 Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	218.96
36823 Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	705.12
36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	328.35
36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	373.37
36831 Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	259.53
36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	329.67
36833 Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	371.59
36834 Plastic repair of arteriovenous aneurysm (separate procedure)	344.90
36835 Insertion of Thomas shunt (separate procedure)	257.46
36838 Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	667.65
36860 External cannula declotting (separate procedure); without balloon catheter	54.47
36861 External cannula declotting (separate procedure); with balloon catheter	85.17
36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	171.80
37140 Venous anastomosis, open; portocaval	737.96
37145 Venous anastomosis, open; renoportal	814.29
37160 Venous anastomosis, open; caval-mesenteric	698.49
37180 Venous anastomosis, open; splenorenal, proximal	795.54
37181 Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	838.06
37182 Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imag	479.29
37183 Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation,	228.96

SURGICAL SCHEDULE

intrahepatic tract recanalization/dilatation, stent placement and all associated	
37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	248.92
37185 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same v	91.24
37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, pro	137.89
37187 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	231.19
37188 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	166.79
37200 Transcatheter biopsy	126.63
37201 Transcatheter therapy, infusion for thrombolysis other than coronary	157.01
37202 Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	190.22
37203 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	147.16
37204 Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	509.97
37205 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel	248.48
37206 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	118.20
37207 Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; initial vessel	246.81
37208 Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)	118.57
37209 Exchange of a previously placed intravascular catheter during thrombolytic therapy	62.66
37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intra	293.92
37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	609.19
37250 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	61.61
37251 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	46.36
37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	396.53
37565 Ligation, internal jugular vein	380.53
37600 Ligation; external carotid artery	399.20
37605 Ligation; internal or common carotid artery	458.11
37606 Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	304.03
37607 Ligation or banding of angioaccess arteriovenous fistula	213.82
37609 Ligation or biopsy, temporal artery	109.76
37615 Ligation, major artery (eg, post-traumatic, rupture); neck	255.85

SURGICAL SCHEDULE

37616 Ligation, major artery (eg, post-traumatic, rupture); chest	595.26
37617 Ligation, major artery (eg, post-traumatic, rupture); abdomen	711.54
37618 Ligation, major artery (eg, post-traumatic, rupture); extremity	209.40
37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	365.08
37650 Ligation of femoral vein	286.25
37660 Ligation of common iliac vein	666.09
37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	144.75
37718 Ligation, division, and stripping, short saphenous vein	220.60
37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	266.14
37735 Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	357.52
37760 Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	349.53
37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	248.31
37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	298.41
37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	147.49
37785 Ligation, division, and/or excision of varicose vein cluster(s), one leg	148.50
37788 Penile revascularization, artery, with or without vein graft	732.22
37790 Penile venous occlusive procedure	280.86
38100 Splenectomy; total (separate procedure)	557.27
38101 Splenectomy; partial (separate procedure)	566.11
38102 Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	137.40
38115 Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	616.12
38120 Laparoscopy, surgical, splenectomy	538.34
38200 Injection procedure for splenoportography	74.66
38205 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	43.11
38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	43.35
38220 Bone marrow; aspiration only	32.19
38221 Bone marrow; biopsy, needle or trocar	41.15
38230 Bone marrow harvesting for transplantation	176.19
38240 Bone marrow or blood-derived peripheral stem cell transplantation; allogenic	66.56
38241 Bone marrow or blood-derived peripheral stem cell transplantation; autologous	66.80
38242 Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	50.38
38300 Drainage of lymph node abscess or lymphadenitis; simple	97.54
38305 Drainage of lymph node abscess or lymphadenitis; extensive	246.30
38308 Lymphangiectomy or other operations on lymphatic channels	232.00
38380 Suture and/or ligation of thoracic duct; cervical approach	299.46
38381 Suture and/or ligation of thoracic duct; thoracic approach	446.07
38382 Suture and/or ligation of thoracic duct; abdominal approach	361.43
38500 Biopsy or excision of lymph node(s); open, superficial	130.63
38505 Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	41.19
38510 Biopsy or excision of lymph node(s); open, deep cervical node(s)	218.93

SURGICAL SCHEDULE

38520 Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	241.89
38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	217.41
38530 Biopsy or excision of lymph node(s); open, internal mammary node(s)	281.68
38542 Dissection, deep jugular node(s)	227.49
38550 Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	248.72
38555 Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	517.52
38562 Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	367.97
38564 Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	364.56
38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	293.61
38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	444.02
38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	510.96
38700 Suprahyoid lymphadenectomy	400.28
38720 Cervical lymphadenectomy (complete)	656.27
38724 Cervical lymphadenectomy (modified radical neck dissection)	708.71
38740 Axillary lymphadenectomy; superficial	345.58
38745 Axillary lymphadenectomy; complete	439.46
38746 Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)	143.52
38747 Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	140.26
38760 Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)	434.11
38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	664.52
38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	438.76
38780 Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	561.29
38790 Injection procedure; lymphangiography	44.88
38792 Injection procedure; for identification of sentinel node	22.18
38794 Cannulation, thoracic duct	169.62
39000 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	266.63
39010 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	450.97
39200 Excision of mediastinal cyst	490.96
39220 Excision of mediastinal tumor	625.77
39400 Mediastinoscopy, with or without biopsy	274.43
39501 Repair, laceration of diaphragm, any approach	445.76
39502 Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	531.17
39503 Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	2,971.89
39520 Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	538.42
39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	509.40
39531 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)	537.68
39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	452.93
39541 Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	486.10

SURGICAL SCHEDULE

39545 Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	486.61
39560 Resection, diaphragm; with simple repair (eg, primary suture)	418.27
39561 Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	646.21
40490 Biopsy of lip	37.29
40500 Vermilionectomy (lip shave), with mucosal advancement	193.99
40510 Excision of lip; transverse wedge excision with primary closure	190.95
40520 Excision of lip; V-excision with primary direct linear closure	195.07
40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	300.80
40527 Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	355.01
40530 Resection of lip, more than one-fourth, without reconstruction	219.96
40650 Repair lip, full thickness; vermilion only	154.96
40652 Repair lip, full thickness; up to half vertical height	193.46
40654 Repair lip, full thickness; over one-half vertical height, or complex	229.53
40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	490.42
40701 Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	581.75
40702 Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	455.52
40720 Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	545.17
40761 Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	571.52
40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	69.53
40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	119.19
40804 Removal of embedded foreign body, vestibule of mouth; simple	70.65
40805 Removal of embedded foreign body, vestibule of mouth; complicated	124.24
40806 Incision of labial frenum (frenotomy)	18.79
40808 Biopsy, vestibule of mouth	58.02
40810 Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	68.50
40812 Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	106.30
40814 Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	165.32
40816 Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	171.89
40818 Excision of mucosa of vestibule of mouth as donor graft	148.54
40819 Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	127.40
40820 Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	91.82
40830 Closure of laceration, vestibule of mouth; 2.5 cm or less	87.03
40831 Closure of laceration, vestibule of mouth; over 2.5 cm or complex	123.10
40840 Vestibuloplasty; anterior	343.62
40842 Vestibuloplasty; posterior, unilateral	342.89
40843 Vestibuloplasty; posterior, bilateral	427.93
40844 Vestibuloplasty; entire arch	602.11
40845 Vestibuloplasty; complex (including ridge extension, muscle repositioning)	681.42
41000 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	60.18
41005 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	68.89
41006 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	141.27
41007 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	134.54

SURGICAL SCHEDULE

41008 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	145.75
41009 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	159.70
41010 Incision of lingual frenum (frenotomy)	59.70
41015 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	182.96
41016 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	189.16
41017 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	190.63
41018 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	220.94
41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	252.82
41100 Biopsy of tongue; anterior two-thirds	60.28
41105 Biopsy of tongue; posterior one-third	59.97
41108 Biopsy of floor of mouth	48.84
41110 Excision of lesion of tongue without closure	70.88
41112 Excision of lesion of tongue with closure; anterior two-thirds	135.90
41113 Excision of lesion of tongue with closure; posterior one-third	150.51
41114 Excision of lesion of tongue with closure; with local tongue flap	342.42
41115 Excision of lingual frenum (frenectomy)	79.98
41116 Excision, lesion of floor of mouth	118.75
41120 Glossectomy; less than one-half tongue	577.99
41130 Glossectomy; hemiglossectomy	692.91
41135 Glossectomy; partial, with unilateral radical neck dissection	1,131.77
41140 Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	1,187.99
41145 Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	1,462.34
41150 Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	1,160.89
41153 Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	1,243.54
41155 Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	1,507.92
41250 Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	73.19
41251 Repair of laceration 2.5 cm or less; posterior one-third of tongue	87.34
41252 Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	114.52
41500 Fixation of tongue, mechanical, other than suture (eg, K-wire)	257.81
41510 Suture of tongue to lip for micrognathia (Douglas type procedure)	243.11
41520 Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	140.76
41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures	66.46
41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues	86.56
41806 Removal of embedded foreign body from dentoalveolar structures; bone	136.68
41822 Excision of fibrous tuberosities, dentoalveolar structures	95.80
41823 Excision of osseous tuberosities, dentoalveolar structures	172.19
41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	73.64
41826 Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	107.27
41827 Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	161.81
41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)	123.68

SURGICAL SCHEDULE

41830 Alveolectomy, including curettage of osteitis or sequestrectomy	154.69
41872 Gingivoplasty, each quadrant (specify)	142.35
41874 Alveoloplasty, each quadrant (specify)	140.28
42000 Drainage of abscess of palate, uvula	55.55
42100 Biopsy of palate, uvula	59.20
42104 Excision, lesion of palate, uvula; without closure	73.20
42106 Excision, lesion of palate, uvula; with simple primary closure	99.89
42107 Excision, lesion of palate, uvula; with local flap closure	185.12
42120 Resection of palate or extensive resection of lesion	515.55
42140 Uvulectomy, excision of uvula	84.39
42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	371.64
42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)	85.59
42180 Repair, laceration of palate; up to 2 cm	98.90
42182 Repair, laceration of palate; over 2 cm or complex	145.39
42200 Palatoplasty for cleft palate, soft and/or hard palate only	485.57
42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	497.65
42210 Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	590.45
42215 Palatoplasty for cleft palate; major revision	395.81
42220 Palatoplasty for cleft palate; secondary lengthening procedure	316.88
42225 Palatoplasty for cleft palate; attachment pharyngeal flap	553.80
42226 Lengthening of palate, and pharyngeal flap	535.21
42227 Lengthening of palate, with island flap	528.71
42235 Repair of anterior palate, including vomer flap	432.06
42260 Repair of nasolabial fistula	374.17
42280 Maxillary impression for palatal prosthesis	57.07
42281 Insertion of pin-retained palatal prosthesis	82.85
42300 Drainage of abscess; parotid, simple	82.57
42305 Drainage of abscess; parotid, complicated	231.16
42310 Drainage of abscess; submaxillary or sublingual, intraoral	67.27
42320 Drainage of abscess; submaxillary, external	96.54
42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	88.47
42335 Sialolithotomy; submandibular (submaxillary), complicated, intraoral	140.76
42340 Sialolithotomy; parotid, extraoral or complicated intraoral	184.66
42400 Biopsy of salivary gland; needle	32.17
42405 Biopsy of salivary gland; incisional	122.53
42408 Excision of sublingual salivary cyst (ranula)	177.70
42409 Marsupialization of sublingual salivary cyst (ranula)	122.81
42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	334.64
42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	596.47
42420 Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	683.69
42425 Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	453.49
42426 Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	730.88
42440 Excision of submandibular (submaxillary) gland	247.11
42450 Excision of sublingual gland	195.39

SURGICAL SCHEDULE

42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple	186.57
42505 Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	248.95
42507 Parotid duct diversion, bilateral (Wilke type procedure);	280.13
42508 Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland	393.15
42509 Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	465.92
42510 Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	344.28
42550 Injection procedure for sialography	34.54
42600 Closure salivary fistula	190.22
42650 Dilation salivary duct	32.26
42660 Dilation and catheterization of salivary duct, with or without injection	42.17
42665 Ligation salivary duct, intraoral	113.00
42700 Incision and drainage abscess; peritonsillar	73.42
42720 Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	209.02
42725 Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	429.58
42800 Biopsy; oropharynx	61.01
42802 Biopsy; hypopharynx	76.63
42804 Biopsy; nasopharynx, visible lesion, simple	64.74
42806 Biopsy; nasopharynx, survey for unknown primary lesion	75.27
42808 Excision or destruction of lesion of pharynx, any method	89.58
42809 Removal of foreign body from pharynx	69.10
42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	155.63
42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	300.11
42820 Tonsillectomy and adenoidectomy; younger than age 12	157.45
42821 Tonsillectomy and adenoidectomy; age 12 or over	165.60
42825 Tonsillectomy, primary or secondary; younger than age 12	142.40
42826 Tonsillectomy, primary or secondary; age 12 or over	137.56
42830 Adenoidectomy, primary; younger than age 12	112.75
42831 Adenoidectomy, primary; age 12 or over	122.04
42835 Adenoidectomy, secondary; younger than age 12	98.92
42836 Adenoidectomy, secondary; age 12 or over	132.85
42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	514.07
42844 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	731.02
42845 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	1,169.99
42860 Excision of tonsil tags	102.30
42870 Excision or destruction lingual tonsil, any method (separate procedure)	319.98
42890 Limited pharyngectomy	723.55
42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	936.25
42894 Resection of pharyngeal wall requiring closure with myocutaneous flap	1,203.73
42900 Suture pharynx for wound or injury	187.95
42950 Pharyngoplasty (plastic or reconstructive operation on pharynx)	445.28
42953 Pharyngoesophageal repair	570.61
42955 Pharyngostomy (fistulization of pharynx, external for feeding)	416.70
42960 Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	91.90

SURGICAL SCHEDULE

42961 Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	228.66
42962 Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	281.31
42970 Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	207.59
42971 Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	247.58
42972 Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	281.35
43020 Esophagotomy, cervical approach, with removal of foreign body	290.69
43030 Cricopharyngeal myotomy	282.10
43045 Esophagotomy, thoracic approach, with removal of foreign body	701.27
43100 Excision of lesion, esophagus, with primary repair; cervical approach	334.85
43101 Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	549.79
43107 Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)	1,346.90
43108 Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	2,046.76
43112 Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty	1,444.12
43113 Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	2,029.07
43116 Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	2,298.21
43117 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)	1,311.76
43118 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	1,727.82
43121 Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty	1,405.18
43122 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	1,333.40
43123 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	2,068.13
43124 Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	1,778.13
43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	422.44
43135 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	746.93
43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	56.70
43201 Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	69.26
43202 Esophagoscopy, rigid or flexible; with biopsy, single or multiple	61.00
43204 Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	117.88
43205 Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	118.45
43215 Esophagoscopy, rigid or flexible; with removal of foreign body	82.46
43216 Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	76.33
43217 Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	89.78
43219 Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	91.77

SURGICAL SCHEDULE

43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	67.58
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	75.04
43227	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	110.64
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	118.04
43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	100.25
43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	139.96
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	63.28
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	76.33
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	92.43
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	128.32
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasou	156.29
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	90.45
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst	208.86
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	82.22
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examinat	222.38
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	140.78
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	155.96
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)	99.19
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	132.26
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body	106.02
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	99.70
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	91.83
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	99.59
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	114.93

SURGICAL SCHEDULE

43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	148.94
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	134.05
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal refl	160.25
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	140.38
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	158.73
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	182.49
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	191.93
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	225.29
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	222.02
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	270.22
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	303.37
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	221.13
43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	228.47
43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	249.49
43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	225.04
43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	225.78
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	552.51
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	338.66
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	593.76
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	819.66
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	900.79
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	1,449.04
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	1,545.77
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	704.61
43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	691.00
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	680.39
43326	Esophagogastric fundoplasty; with gastroplasty (eg, Collis)	698.05
43330	Esophagomyotomy (Heller type); abdominal approach	667.42
43331	Esophagomyotomy (Heller type); thoracic approach	727.94
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	696.43

SURGICAL SCHEDULE

43341 Esophagojejunostomy (without total gastrectomy); thoracic approach	748.72
43350 Esophagostomy, fistulization of esophagus, external; abdominal approach	591.24
43351 Esophagostomy, fistulization of esophagus, external; thoracic approach	708.69
43352 Esophagostomy, fistulization of esophagus, external; cervical approach	570.28
43360 Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	1,211.73
43361 Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and	1,359.00
43400 Ligation, direct, esophageal varices	786.78
43401 Transection of esophagus with repair, for esophageal varices	784.41
43405 Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	761.55
43410 Suture of esophageal wound or injury; cervical approach	523.26
43415 Suture of esophageal wound or injury; transthoracic or transabdominal approach	894.88
43420 Closure of esophagostomy or fistula; cervical approach	516.28
43425 Closure of esophagostomy or fistula; transthoracic or transabdominal approach	775.56
43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes	47.38
43453 Dilation of esophagus, over guide wire	51.06
43456 Dilation of esophagus, by balloon or dilator, retrograde	82.02
43458 Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	95.93
43460 Esophagogastric tamponade, with balloon (Sengstaaken type)	115.34
43500 Gastrotomy; with exploration or foreign body removal	390.83
43501 Gastrotomy; with suture repair of bleeding ulcer	672.26
43502 Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	764.47
43510 Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	499.17
43520 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	359.64
43600 Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	55.00
43605 Biopsy of stomach; by laparotomy	415.59
43610 Excision, local; ulcer or benign tumor of stomach	490.91
43611 Excision, local; malignant tumor of stomach	608.37
43620 Gastrectomy, total; with esophagoenterostomy	990.64
43621 Gastrectomy, total; with Roux-en-Y reconstruction	1,107.91
43622 Gastrectomy, total; with formation of intestinal pouch, any type	1,132.93
43631 Gastrectomy, partial, distal; with gastroduodenostomy	732.20
43632 Gastrectomy, partial, distal; with gastrojejunostomy	952.35
43633 Gastrectomy, partial, distal; with Roux-en-Y reconstruction	914.71
43634 Gastrectomy, partial, distal; with formation of intestinal pouch	1,006.07
43635 Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)	58.84
43640 Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	585.49
43641 Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	594.50
43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	866.29
43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	928.97
43651 Laparoscopy, surgical; transection of vagus nerves, truncal	331.21
43652 Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	392.28
43653 Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm	282.22

SURGICAL SCHEDULE

procedure) (separate procedure)	
43752 Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	21.15
43760 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	27.92
43761 Repositioning of the gastric feeding tube, through the duodenum for enteric nutrition	55.78
43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	562.04
43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	641.11
43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	482.16
43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	641.15
43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	484.61
43800 Pyloroplasty	465.86
43810 Gastroduodenostomy	502.04
43820 Gastrojejunostomy; without vagotomy	630.20
43825 Gastrojejunostomy; with vagotomy, any type	648.44
43830 Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	347.78
43831 Gastrostomy, open; neonatal, for feeding	292.59
43832 Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	530.97
43840 Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	641.36
43843 Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	632.44
43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	988.98
43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	815.80
43847 Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	894.10
43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	967.44
43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	813.59
43855 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	847.42
43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	821.76
43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	857.41
43870 Closure of gastrostomy, surgical	352.10
43880 Closure of gastrocolic fistula	804.58
43886 Gastric restrictive procedure, open; revision of subcutaneous port component only	167.74
43887 Gastric restrictive procedure, open; removal of subcutaneous port component only	160.42
43888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	226.85
44005 Enterolysis (freeing of intestinal adhesion) (separate procedure)	548.03
44010 Duodenotomy, for exploration, biopsy(s), or foreign body removal	431.06
44015 Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	75.29

SURGICAL SCHEDULE

44020 Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	483.50
44021 Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	487.59
44025 Colotomy, for exploration, biopsy(s), or foreign body removal	491.56
44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy	469.33
44055 Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	743.53
44100 Biopsy of intestine by capsule, tube, peroral (one or more specimens)	60.10
44110 Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	421.56
44111 Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	492.37
44120 Enterectomy, resection of small intestine; single resection and anastomosis	603.57
44121 Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	127.08
44125 Enterectomy, resection of small intestine; with enterostomy	590.66
44126 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	1,213.32
44127 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	1,413.54
44128 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	129.15
44130 Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	614.82
44139 Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	63.36
44140 Colectomy, partial; with anastomosis	677.68
44141 Colectomy, partial; with skin level cecostomy or colostomy	864.49
44143 Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	830.58
44144 Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	853.54
44145 Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	843.49
44146 Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	1,037.52
44147 Colectomy, partial; abdominal and transanal approach	902.76
44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	916.74
44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy	1,046.06
44155 Colectomy, total, abdominal, with proctectomy; with ileostomy	1,024.18
44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy	1,129.86
44157 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	1,155.98
44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	1,185.61
44160 Colectomy, partial, with removal of terminal ileum with ileocolostomy	620.51
44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	468.11
44186 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	332.50
44187 Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	560.97
44188 Laparoscopy, surgical, colostomy or skin level cecostomy	616.67
44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	702.04
44203 Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	126.55

SURGICAL SCHEDULE

44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	782.46
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	685.09
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	886.77
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	929.05
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	1,015.24
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	906.20
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	1,114.73
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	1,040.75
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	99.63
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	844.64
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	421.26
44310	Ileostomy or jejunostomy, non-tube	525.22
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	296.48
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	505.92
44316	Continent ileostomy (Kock procedure) (separate procedure)	694.48
44320	Colostomy or skin level cecostomy;	599.17
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	492.05
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	301.52
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	525.62
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	586.51
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	82.88
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	91.14
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body	108.55
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	115.69
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	103.03
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	136.76
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	139.05
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	150.58
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	134.68
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	108.06

SURGICAL SCHEDULE

44376 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	159.51
44377 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	168.65
44378 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	217.18
44379 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	232.88
44380 Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	36.61
44382 Ileoscopy, through stoma; with biopsy, single or multiple	43.71
44383 Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	93.08
44385 Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	56.37
44386 Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	66.38
44388 Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	87.64
44389 Colonoscopy through stoma; with biopsy, single or multiple	97.70
44390 Colonoscopy through stoma; with removal of foreign body	117.98
44391 Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	133.48
44392 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	116.10
44393 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	145.99
44394 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	134.95
44397 Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	142.44
44500 Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	13.63
44602 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	666.27
44603 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	761.63
44604 Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	531.82
44605 Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	657.95
44615 Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	539.37
44620 Closure of enterostomy, large or small intestine;	428.66
44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	508.68
44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	812.32
44640 Closure of intestinal cutaneous fistula	707.42
44650 Closure of enteroenteric or enterocolic fistula	735.25
44660 Closure of enterovesical fistula; without intestinal or bladder resection	702.39
44661 Closure of enterovesical fistula; with intestine and/or bladder resection	792.61
44680 Intestinal plication (separate procedure)	533.00
44700 Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	515.92

SURGICAL SCHEDULE

44701 Intraoperative colonic lavage (List separately in addition to code for primary procedure)	87.45
44720 Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	135.08
44721 Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	202.06
44800 Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	385.38
44820 Excision of lesion of mesentery (separate procedure)	420.82
44850 Suture of mesentery (separate procedure)	374.17
44900 Incision and drainage of appendiceal abscess; open	376.00
44901 Incision and drainage of appendiceal abscess; percutaneous	93.86
44950 Appendectomy;	324.95
44955 Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	44.22
44960 Appendectomy; for ruptured appendix with abscess or generalized peritonitis	431.44
44970 Laparoscopy, surgical, appendectomy	298.52
45000 Transrectal drainage of pelvic abscess	204.15
45005 Incision and drainage of submucosal abscess, rectum	81.03
45020 Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	259.90
45100 Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	145.79
45108 Anorectal myomectomy	177.64
45110 Proctectomy; complete, combined abdominoperineal, with colostomy	931.39
45111 Proctectomy; partial resection of rectum, transabdominal approach	547.48
45112 Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	950.32
45113 Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	978.54
45114 Proctectomy, partial, with anastomosis; abdominal and transsacral approach	894.68
45116 Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	808.62
45119 Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	977.25
45120 Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	782.75
45121 Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	861.24
45123 Proctectomy, partial, without anastomosis, perineal approach	551.51
45126 Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(1,439.03
45130 Excision of rectal procidentia, with anastomosis; perineal approach	539.59
45135 Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	666.00
45136 Excision of ileoanal reservoir with ileostomy	919.73
45150 Division of stricture of rectum	196.16
45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	492.94
45170 Excision of rectal tumor, transanal approach	388.14
45190 Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	337.63
45300 Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	24.21
45303 Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	39.84
45305 Proctosigmoidoscopy, rigid; with biopsy, single or multiple	38.62

SURGICAL SCHEDULE

45307 Proctosigmoidoscopy, rigid; with removal of foreign body	47.60
45308 Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	40.16
45309 Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	51.04
45315 Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	54.46
45317 Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	56.88
45320 Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	54.34
45321 Proctosigmoidoscopy, rigid; with decompression of volvulus	51.91
45327 Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	59.37
45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	33.00
45331 Sigmoidoscopy, flexible; with biopsy, single or multiple	39.67
45332 Sigmoidoscopy, flexible; with removal of foreign body	58.22
45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	57.69
45334 Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	86.54
45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	48.30
45337 Sigmoidoscopy, flexible; with decompression of volvulus, any method	75.03
45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	74.55
45339 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	98.84
45340 Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	60.27
45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination	82.34
45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	125.29
45345 Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	90.55
45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	108.33
45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	113.99
45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	33.00
45379 Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	142.29
45380 Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	136.75
45381 Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	128.92
45382 Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	173.94
45383 Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	176.44
45384 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	142.69
45385 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	161.98
45386 Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	140.04

SURGICAL SCHEDULE

45387 Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	180.67
45391 Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	157.69
45392 Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	197.03
45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	1,007.24
45397 Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	1,082.71
45400 Laparoscopy, surgical; proctopexy (for prolapse)	580.66
45402 Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	774.59
45500 Proctoplasty; for stenosis	253.99
45505 Proctoplasty; for prolapse of mucous membrane	277.94
45520 Perirectal injection of sclerosing solution for prolapse	20.34
45540 Proctopexy (eg, for prolapse); abdominal approach	525.01
45541 Proctopexy (eg, for prolapse); perineal approach	457.01
45550 Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	731.83
45560 Repair of rectocele (separate procedure)	363.03
45562 Exploration, repair, and presacral drainage for rectal injury;	551.25
45563 Exploration, repair, and presacral drainage for rectal injury; with colostomy	811.14
45800 Closure of rectovesical fistula;	611.57
45805 Closure of rectovesical fistula; with colostomy	704.46
45820 Closure of rectourethral fistula;	606.32
45825 Closure of rectourethral fistula; with colostomy	725.16
45900 Reduction of procidentia (separate procedure) under anesthesia	99.46
45905 Dilation of anal sphincter (separate procedure) under anesthesia other than local	85.49
45910 Dilation of rectal stricture (separate procedure) under anesthesia other than local	101.03
45915 Removal of fecal impaction or foreign body (separate procedure) under anesthesia	114.62
45990 Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	55.27
46020 Placement of seton	112.08
46030 Removal of anal seton, other marker	44.41
46040 Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	202.87
46045 Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	201.19
46050 Incision and drainage, perianal abscess, superficial	47.68
46060 Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	222.73
46070 Incision, anal septum (infant)	109.66
46080 Sphincterotomy, anal, division of sphincter (separate procedure)	80.24
46083 Incision of thrombosed hemorrhoid, external	52.31
46200 Fissurectomy, with or without sphincterotomy	153.15
46210 Cryptectomy; single	129.34
46211 Cryptectomy; multiple (separate procedure)	189.87
46220 Papillectomy or excision of single tag, anus (separate procedure)	57.64
46221 Hemorrhoidectomy, by simple ligature (eg, rubber band)	92.97
46230 Excision of external hemorrhoid tags and/or multiple papillae	86.25
46250 Hemorrhoidectomy, external, complete	153.72
46255 Hemorrhoidectomy, internal and external, simple;	174.80
46257 Hemorrhoidectomy, internal and external, simple; with fissurectomy	200.56

SURGICAL SCHEDULE

46258 Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy	218.43
46260 Hemorrhoidectomy, internal and external, complex or extensive;	227.80
46261 Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy	253.70
46262 Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy	263.96
46270 Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	180.47
46275 Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular	193.44
46280 Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton	221.53
46285 Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	188.22
46288 Closure of anal fistula with rectal advancement flap	259.89
46320 Enucleation or excision of external thrombotic hemorrhoid	54.80
46500 Injection of sclerosing solution, hemorrhoids	62.76
46505 Chemodenervation of internal anal sphincter	111.14
46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	19.85
46604 Anoscopy; with dilation (eg, balloon, guide wire, bougie)	35.34
46606 Anoscopy; with biopsy, single or multiple	36.02
46608 Anoscopy; with removal of foreign body	42.31
46610 Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	41.58
46611 Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	44.63
46612 Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	55.20
46614 Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	39.96
46615 Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	56.62
46700 Anoplasty, plastic operation for stricture; adult	311.87
46705 Anoplasty, plastic operation for stricture; infant	249.75
46706 Repair of anal fistula with fibrin glue	83.95
46710 Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	526.41
46712 Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	1,100.26
46715 Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	248.69
46716 Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	562.21
46730 Repair of high imperforate anus without fistula; perineal or sacroperineal approach	902.27
46735 Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	1,069.45
46740 Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	1,007.07
46742 Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	1,171.45
46744 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	1,693.31
46746 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	1,912.43
46748 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	1,892.89
46750 Sphincteroplasty, anal, for incontinence or prolapse; adult	375.52

SURGICAL SCHEDULE

46751 Sphincteroplasty, anal, for incontinence or prolapse; child	316.49
46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse	285.39
46754 Removal of Thiersch wire or suture, anal canal	103.75
46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant	534.02
46761 Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	460.67
46762 Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	447.93
46900 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	70.05
46910 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	66.30
46916 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	72.60
46917 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	67.85
46922 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	67.16
46924 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	91.45
46934 Destruction of hemorrhoids, any method; internal	147.22
46935 Destruction of hemorrhoids, any method; external	77.98
46936 Destruction of hemorrhoids, any method; internal and external	137.86
46937 Cryosurgery of rectal tumor; benign	83.94
46938 Cryosurgery of rectal tumor; malignant	180.17
46940 Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	73.78
46942 Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	65.88
46945 Ligation of internal hemorrhoids; single procedure	109.89
46946 Ligation of internal hemorrhoids; multiple procedures	115.23
46947 Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	189.26
47000 Biopsy of liver, needle; percutaneous	53.00
47001 Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	54.49
47010 Hepatotomy; for open drainage of abscess or cyst, one or two stages	595.85
47011 Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages	102.16
47015 Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	567.91
47100 Biopsy of liver, wedge	420.02
47120 Hepatectomy, resection of liver; partial lobectomy	1,174.40
47122 Hepatectomy, resection of liver; trisegmentectomy	1,743.46
47125 Hepatectomy, resection of liver; total left lobectomy	1,565.83
47130 Hepatectomy, resection of liver; total right lobectomy	1,682.41
47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	2,477.15
47136 Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	2,112.52
47140 Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	1,728.89
47141 Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	2,043.86
47142 Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	2,239.84
47146 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation;	173.12

SURGICAL SCHEDULE

venous anastomosis, each	
47147 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	201.81
47300 Marsupialization of cyst or abscess of liver	557.45
47350 Management of liver hemorrhage; simple suture of liver wound or injury	683.73
47360 Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	925.14
47361 Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	1,531.62
47362 Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	704.52
47370 Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	630.77
47371 Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	634.89
47380 Ablation, open, of one or more liver tumor(s); radiofrequency	732.04
47381 Ablation, open, of one or more liver tumor(s); cryosurgical	748.43
47382 Ablation, one or more liver tumor(s), percutaneous, radiofrequency	445.46
47400 Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	1,050.04
47420 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	673.15
47425 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	679.58
47460 Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	636.79
47480 Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)	425.34
47490 Percutaneous cholecystostomy	287.11
47500 Injection procedure for percutaneous transhepatic cholangiography	54.45
47505 Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	20.92
47510 Introduction of percutaneous transhepatic catheter for biliary drainage	271.03
47511 Introduction of percutaneous transhepatic stent for internal and external biliary drainage	330.89
47525 Change of percutaneous biliary drainage catheter	174.60
47530 Revision and/or reinsertion of transhepatic tube	203.27
47550 Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	86.66
47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)	177.73
47553 Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	175.10
47554 Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	268.12
47555 Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	209.81
47556 Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	236.93
47560 Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	140.06
47561 Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	152.69
47562 Laparoscopy, surgical; cholecystectomy	372.10
47563 Laparoscopy, surgical; cholecystectomy with cholangiography	383.74
47564 Laparoscopy, surgical; cholecystectomy with exploration of common duct	443.23
47570 Laparoscopy, surgical; cholecystoenterostomy	394.89
47600 Cholecystectomy;	520.60
47605 Cholecystectomy; with cholangiography	493.37
47610 Cholecystectomy with exploration of common duct;	628.84

SURGICAL SCHEDULE

47612 Cholecystectomy with exploration of common duct; with choledochoenterostomy	633.52
47620 Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	687.25
47630 Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	305.00
47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	527.91
47701 Portoenterostomy (eg, Kasai procedure)	879.86
47711 Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	780.37
47712 Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	998.63
47715 Excision of choledochal cyst	656.93
47720 Cholecystoenterostomy; direct	566.91
47721 Cholecystoenterostomy; with gastroenterostomy	666.61
47740 Cholecystoenterostomy; Roux-en-Y	645.17
47741 Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	731.80
47760 Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	1,061.94
47765 Anastomosis, of intrahepatic ducts and gastrointestinal tract	1,350.18
47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	1,152.30
47785 Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	1,480.35
47800 Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	789.21
47801 Placement of choledochal stent	543.83
47802 U-tube hepaticoenterostomy	755.50
47900 Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	685.62
48000 Placement of drains, peripancreatic, for acute pancreatitis;	933.56
48001 Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	1,156.87
48020 Removal of pancreatic calculus	577.26
48100 Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	440.76
48102 Biopsy of pancreas, percutaneous needle	137.69
48105 Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	1,418.52
48120 Excision of lesion of pancreas (eg, cyst, adenoma)	550.50
48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	779.37
48145 Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	808.28
48146 Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	928.61
48148 Excision of ampulla of Vater	615.93
48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	1,567.05
48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	1,448.20
48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	1,565.39
48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	1,456.48
48155 Pancreatectomy, total	898.18
48400 Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	54.61

SURGICAL SCHEDULE

48500 Marsupialization of pancreatic cyst	559.23
48510 External drainage, pseudocyst of pancreas; open	536.82
48511 External drainage, pseudocyst of pancreas; percutaneous	110.63
48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	542.56
48540 Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	654.19
48545 Pancreatorrhaphy for injury	657.97
48547 Duodenal exclusion with gastrojejunostomy for pancreatic injury	884.64
48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	831.41
48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	116.51
48554 Transplantation of pancreatic allograft	1,246.92
48556 Removal of transplanted pancreatic allograft	610.03
49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	391.93
49002 Reopening of recent laparotomy	487.77
49010 Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	472.71
49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	793.26
49021 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	93.54
49040 Drainage of subdiaphragmatic or subphrenic abscess; open	496.00
49041 Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	110.63
49060 Drainage of retroperitoneal abscess; open	554.15
49061 Drainage of retroperitoneal abscess; percutaneous	102.41
49062 Drainage of extraperitoneal lymphocele to peritoneal cavity, open	382.14
49080 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	37.60
49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent	35.80
49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle	47.72
49203 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	604.60
49204 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	768.95
49205 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	878.93
49215 Excision of presacral or sacrococcygeal tumor	1,115.65
49220 Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	490.71
49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	293.33
49255 Omentectomy, epiploectomy, resection of omentum (separate procedure)	397.05
49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	170.35
49321 Laparoscopy, surgical; with biopsy (single or multiple)	178.65
49322 Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	194.08
49323 Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	325.06
49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent	199.57
49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	215.01

SURGICAL SCHEDULE

49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	96.69
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	52.68
49402	Removal of peritoneal foreign body from peritoneal cavity	427.98
49419	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)	232.64
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	72.68
49421	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent	201.42
49422	Removal of permanent intraperitoneal cannula or catheter	201.23
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	41.60
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	21.90
49425	Insertion of peritoneal-venous shunt	390.77
49426	Revision of peritoneal-venous shunt	332.65
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	25.20
49428	Ligation of peritoneal-venous shunt	227.17
49429	Removal of peritoneal-venous shunt	238.31
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	62.78
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	96.05
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	131.92
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	141.53
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	117.20
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	91.53
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	37.07
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	51.23
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	80.05
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	26.03
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	17.25
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	377.05
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	472.57
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	203.24
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	301.52

SURGICAL SCHEDULE

49500 Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	204.44
49501 Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	298.96
49505 Repair initial inguinal hernia, age 5 years or older; reducible	261.50
49507 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	320.82
49520 Repair recurrent inguinal hernia, any age; reducible	318.88
49521 Repair recurrent inguinal hernia, any age; incarcerated or strangulated	388.11
49525 Repair inguinal hernia, sliding, any age	288.45
49540 Repair lumbar hernia	341.02
49550 Repair initial femoral hernia, any age; reducible	290.43
49553 Repair initial femoral hernia, any age; incarcerated or strangulated	316.79
49555 Repair recurrent femoral hernia; reducible	301.83
49557 Repair recurrent femoral hernia; incarcerated or strangulated	365.39
49560 Repair initial incisional or ventral hernia; reducible	374.67
49561 Repair initial incisional or ventral hernia; incarcerated or strangulated	468.56
49565 Repair recurrent incisional or ventral hernia; reducible	385.90
49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated	473.40
49568 Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	139.77
49570 Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	206.69
49572 Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	251.47
49580 Repair umbilical hernia, younger than age 5 years; reducible	160.65
49582 Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	236.99
49585 Repair umbilical hernia, age 5 years or older; reducible	221.27
49587 Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	261.52
49590 Repair spigelian hernia	287.56
49600 Repair of small omphalocele, with primary closure	370.70
49605 Repair of large omphalocele or gastroschisis; with or without prosthesis	2,484.65
49606 Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	580.45
49610 Repair of omphalocele (Gross type operation); first stage	349.69
49611 Repair of omphalocele (Gross type operation); second stage	322.20
49650 Laparoscopy, surgical; repair initial inguinal hernia	217.61
49651 Laparoscopy, surgical; repair recurrent inguinal hernia	279.67
49900 Suture, secondary, of abdominal wall for evisceration or dehiscence	415.53
49904 Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	799.09
49905 Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	185.35
50010 Renal exploration, not necessitating other specific procedures	386.65
50020 Drainage of perirenal or renal abscess; open	552.19
50021 Drainage of perirenal or renal abscess; percutaneous	93.54
50040 Nephrostomy, nephrotomy with drainage	511.21
50045 Nephrotomy, with exploration	509.57
50060 Nephrolithotomy; removal of calculus	633.83
50065 Nephrolithotomy; secondary surgical operation for calculus	651.41
50070 Nephrolithotomy; complicated by congenital kidney abnormality	662.69
50075 Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)	812.35

SURGICAL SCHEDULE

50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	486.49
50081 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	711.30
50100 Transection or repositioning of aberrant renal vessels (separate procedure)	538.78
50120 Pyelotomy; with exploration	529.48
50125 Pyelotomy; with drainage, pyelostomy	556.34
50130 Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	574.59
50135 Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	624.37
50200 Renal biopsy; percutaneous, by trocar or needle	81.35
50205 Renal biopsy; by surgical exposure of kidney	380.54
50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;	570.25
50225 Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	660.35
50230 Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	708.97
50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision	722.19
50236 Nephrectomy with total ureterectomy and bladder cuff; through separate incision	817.51
50240 Nephrectomy, partial	731.92
50250 Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	681.39
50280 Excision or unroofing of cyst(s) of kidney	525.44
50290 Excision of perinephric cyst	495.98
50320 Donor nephrectomy (including cold preservation); open, from living donor	740.94
50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	108.58
50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	95.49
50329 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	92.65
50340 Recipient nephrectomy (separate procedure)	466.40
50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy	1,239.82
50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy	1,391.80
50370 Removal of transplanted renal allograft	577.09
50380 Renal autotransplantation, reimplantation of kidney	939.95
50382 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	154.54
50384 Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	140.47
50385 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	136.14
50386 Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	103.36
50387 Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	55.78
50389 Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	30.96
50390 Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	54.45
50391 Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	55.02

SURGICAL SCHEDULE

50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	102.36
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	124.25
50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	30.02
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	102.89
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	66.97
50398	Change of nephrostomy or pyelostomy tube	41.60
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	641.96
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidn	772.08
50500	Nephrorrhaphy, suture of kidney wound or injury	637.85
50520	Closure of nephrocutaneous or pyelocutaneous fistula	576.65
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	733.73
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	737.21
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	639.86
50541	Laparoscopy, surgical; ablation of renal cysts	513.43
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	649.37
50543	Laparoscopy, surgical; partial nephrectomy	827.97
50544	Laparoscopy, surgical; pyeloplasty	699.44
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	749.25
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	667.66
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	830.04
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	755.13
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	166.42
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	175.34
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	193.31
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	195.48
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	223.06
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	331.43
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	277.38
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	302.06
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	320.41

SURGICAL SCHEDULE

50575 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, inci	403.68
50576 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	318.87
50580 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	343.29
50590 Lithotripsy, extracorporeal shock wave	313.80
50592 Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	204.74
50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	261.10
50600 Ureterotomy with exploration or drainage (separate procedure)	518.43
50605 Ureterotomy for insertion of indwelling stent, all types	513.87
50610 Ureterolithotomy; upper one-third of ureter	537.67
50620 Ureterolithotomy; middle one-third of ureter	504.00
50630 Ureterolithotomy; lower one-third of ureter	491.71
50650 Ureterectomy, with bladder cuff (separate procedure)	574.38
50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	635.85
50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	28.30
50686 Manometric studies through ureterostomy or indwelling ureteral catheter	49.83
50688 Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	47.54
50690 Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	40.29
50700 Ureteroplasty, plastic operation on ureter (eg, stricture)	522.18
50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	633.51
50722 Ureterolysis for ovarian vein syndrome	552.59
50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	603.13
50727 Revision of urinary-cutaneous anastomosis (any type urostomy);	283.70
50728 Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	390.60
50740 Ureteropyelostomy, anastomosis of ureter and renal pelvis	611.56
50750 Ureterocalycostomy, anastomosis of ureter to renal calyx	643.90
50760 Ureteroureterostomy	610.15
50770 Transureteroureterostomy, anastomosis of ureter to contralateral ureter	643.44
50780 Ureteroneocystostomy; anastomosis of single ureter to bladder	608.73
50782 Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	618.12
50783 Ureteroneocystostomy; with extensive ureteral tailoring	642.82
50785 Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	668.85
50800 Ureteroenterostomy, direct anastomosis of ureter to intestine	511.36
50810 Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	701.19
50815 Ureterocolon conduit, including intestine anastomosis	676.35
50820 Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	726.15
50825 Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	915.20
50830 Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	999.72
50840 Replacement of all or part of ureter by intestine segment, including intestine anastomosis	682.19

SURGICAL SCHEDULE

50845 Cutaneous appendico-vesicostomy	692.78
50860 Ureterostomy, transplantation of ureter to skin	529.06
50900 Ureterorrhaphy, suture of ureter (separate procedure)	467.71
50920 Closure of ureterocutaneous fistula	489.38
50930 Closure of ureterovisceral fistula (including visceral repair)	603.45
50940 Deligation of ureter	487.67
50945 Laparoscopy, surgical; ureterolithotomy	553.54
50947 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	782.58
50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	709.56
50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	173.36
50953 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	190.44
50955 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	207.72
50957 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	200.73
50961 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	179.12
50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	210.28
50972 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	202.82
50974 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	263.96
50976 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	262.62
50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	201.49
51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	259.81
51030 Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	260.28
51040 Cystostomy, cystotomy with drainage	165.98
51045 Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	261.27
51050 Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	262.35
51060 Transvesical ureterolithotomy	324.47
51065 Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	320.84
51080 Drainage of perivesical or prevesical space abscess	228.39
51100 Aspiration of bladder; by needle	21.85
51101 Aspiration of bladder; by trocar or intracatheter	29.19
51102 Aspiration of bladder; with insertion of suprapubic catheter	141.26
51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair	353.58
51520 Cystotomy; for simple excision of vesical neck (separate procedure)	331.80
51525 Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	476.32
51530 Cystotomy; for excision of bladder tumor	430.13
51535 Cystotomy for excision, incision, or repair of ureterocele	442.81

SURGICAL SCHEDULE

51550 Cystectomy, partial; simple	527.73
51555 Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	699.38
51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	718.58
51570 Cystectomy, complete; (separate procedure)	814.83
51575 Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	1,009.68
51580 Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	1,051.56
51585 Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	1,168.90
51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	1,067.53
51595 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	1,211.31
51596 Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	1,300.78
51597 Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination there	1,259.95
51600 Injection procedure for cystography or voiding urethrocystography	24.71
51605 Injection procedure and placement of chain for contrast and/or chain urethrocystography	21.90
51610 Injection procedure for retrograde urethrocystography	36.32
51700 Bladder irrigation, simple, lavage and/or instillation	24.71
51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	15.33
51702 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	17.05
51703 Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	45.32
51705 Change of cystostomy tube; simple	38.08
51710 Change of cystostomy tube; complicated	53.30
51715 Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	111.61
51720 Bladder instillation of anticarcinogenic agent (including retention time)	47.79
51725 Simple cystometrogram (CMG) (eg, spinal manometer)	151.42
51725 Simple cystometrogram (CMG) (eg, spinal manometer)	108.65
51725 Simple cystometrogram (CMG) (eg, spinal manometer)	42.77
51726 Complex cystometrogram (eg, calibrated electronic equipment)	214.36
51726 Complex cystometrogram (eg, calibrated electronic equipment)	165.75
51726 Complex cystometrogram (eg, calibrated electronic equipment)	48.61
51736 Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	31.13
51736 Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	13.51
51736 Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	17.62
51741 Complex uroflowmetry (eg, calibrated electronic equipment)	48.37
51741 Complex uroflowmetry (eg, calibrated electronic equipment)	15.75
51741 Complex uroflowmetry (eg, calibrated electronic equipment)	32.62
51772 Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	164.40
51772 Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	118.24
51772 Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	46.16
51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	130.76
51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any	87.34

SURGICAL SCHEDULE

technique	
51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	43.41
51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	141.49
51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	98.36
51785 Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	43.13
51792 Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	160.29
51792 Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	129.09
51792 Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	31.20
51795 Voiding pressure studies (VP); bladder voiding pressure, any technique	204.71
51795 Voiding pressure studies (VP); bladder voiding pressure, any technique	161.30
51795 Voiding pressure studies (VP); bladder voiding pressure, any technique	43.41
51797 Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	119.50
51797 Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	92.04
51797 Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	27.47
51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	13.79
51800 Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	579.37
51820 Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	612.71
51840 Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	367.50
51841 Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	437.16
51845 Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	330.04
51860 Cystorrhaphy, suture of bladder wound, injury or rupture; simple	406.21
51865 Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	495.25
51880 Closure of cystostomy (separate procedure)	264.46
51900 Closure of vesicovaginal fistula, abdominal approach	461.51
51920 Closure of vesicouterine fistula;	434.84
51925 Closure of vesicouterine fistula; with hysterectomy	621.22
51940 Closure, exstrophy of bladder	890.00
51960 Enterocystoplasty, including intestinal anastomosis	766.47
51980 Cutaneous vesicostomy	395.94
51990 Laparoscopy, surgical; urethral suspension for stress incontinence	421.21
51992 Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	456.24
52000 Cystourethroscopy (separate procedure)	68.44
52001 Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	161.33
52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	74.34
52007 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	93.29
52010 Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	93.01
52204 Cystourethroscopy, with biopsy(s)	78.39
52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	111.34

SURGICAL SCHEDULE

52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	95.49
52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	138.85
52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	163.04
52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	284.30
52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	136.40
52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	117.71
52265 Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	89.69
52270 Cystourethroscopy, with internal urethrotomy; female	102.56
52275 Cystourethroscopy, with internal urethrotomy; male	140.05
52276 Cystourethroscopy with direct vision internal urethrotomy	149.49
52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)	183.69
52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	87.21
52282 Cystourethroscopy, with insertion of urethral stent	189.15
52283 Cystourethroscopy, with steroid injection into stricture	112.72
52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration	109.54
52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	137.52
52300 Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	158.89
52301 Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	167.01
52305 Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	157.42
52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	85.25
52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	154.84
52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	196.59
52318 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	267.63
52320 Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	139.07
52325 Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	180.99
52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	149.06
52330 Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	149.11
52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	87.65
52334 Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	144.53
52341 Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	184.32
52342 Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	198.14
52343 Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	217.85

SURGICAL SCHEDULE

52344 Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	235.38
52345 Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	249.45
52346 Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	278.52
52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	177.18
52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	208.00
52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	239.29
52354 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	221.27
52355 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	263.60
52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	308.34
52402 Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	151.26
52450 Transurethral incision of prostate	262.02
52500 Transurethral resection of bladder neck (separate procedure)	306.26
52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	456.89
52606 Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	282.62
52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection)	293.64
52614 Transurethral resection of prostate; second stage of two-stage resection (resection completed)	258.13
52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative	233.12
52630 Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative	247.12
52640 Transurethral resection; of postoperative bladder neck contracture	225.22
52647 Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	357.14
52648 Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	380.96
52649 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are inc	562.23
52700 Transurethral drainage of prostatic abscess	242.89
53000 Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	85.83
53010 Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	166.01
53020 Meatotomy, cutting of meatus (separate procedure); except infant	54.76
53025 Meatotomy, cutting of meatus (separate procedure); infant	38.46
53040 Drainage of deep periurethral abscess	223.28
53060 Drainage of Skene's gland abscess or cyst	90.11
53080 Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	268.79
53085 Drainage of perineal urinary extravasation; complicated	365.64
53200 Biopsy of urethra	79.24
53210 Urethrectomy, total, including cystostomy; female	431.41
53215 Urethrectomy, total, including cystostomy; male	518.88
53220 Excision or fulguration of carcinoma of urethra	253.16

SURGICAL SCHEDULE

53230	Excision of urethral diverticulum (separate procedure); female	338.17
53235	Excision of urethral diverticulum (separate procedure); male	356.55
53240	Marsupialization of urethral diverticulum, male or female	240.74
53250	Excision of bulbourethral gland (Cowper's gland)	221.06
53260	Excision or fulguration; urethral polyp(s), distal urethra	99.87
53265	Excision or fulguration; urethral caruncle	103.90
53270	Excision or fulguration; Skene's glands	104.76
53275	Excision or fulguration; urethral prolapse	150.63
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	448.13
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	488.35
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	546.75
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	621.88
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	456.37
53425	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage	525.20
53430	Urethroplasty, reconstruction of female urethra	530.99
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	643.91
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	483.33
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	426.47
53444	Insertion of tandem cuff (dual cuff)	444.72
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	490.11
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	362.05
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	457.62
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	714.35
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	341.68
53450	Urethromeatoplasty, with mucosal advancement	228.16
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	256.14
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	419.13
53502	Urethrorrhaphy, suture of urethral wound or injury, female	272.72
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	272.41
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	358.92
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	448.44
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	312.84
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	36.22
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	29.98
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	36.44
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	49.14
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	40.87
53660	Dilation of female urethra including suppository and/or instillation; initial	23.34
53661	Dilation of female urethra including suppository and/or instillation; subsequent	22.60
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	21.49

SURGICAL SCHEDULE

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy	314.98
53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	342.98
53853 Transurethral destruction of prostate tissue; by water-induced thermotherapy	196.36
54000 Slitting of prepuce, dorsal or lateral (separate procedure); newborn	59.94
54001 Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	77.34
54015 Incision and drainage of penis, deep	175.21
54050 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	54.13
54055 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	48.87
54056 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	56.50
54057 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	51.72
54060 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	71.19
54065 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	86.16
54100 Biopsy of penis; (separate procedure)	62.96
54105 Biopsy of penis; deep structures	122.34
54110 Excision of penile plaque (Peyronie disease);	351.19
54111 Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	448.06
54112 Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	525.32
54115 Removal foreign body from deep penile tissue (eg, plastic implant)	235.37
54120 Amputation of penis; partial	350.67
54125 Amputation of penis; complete	451.61
54130 Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	666.62
54135 Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	844.13
54150 Circumcision, using clamp or other device with regional dorsal penile or ring block	55.85
54160 Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	80.78
54161 Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	110.63
54162 Lysis or excision of penile post-circumcision adhesions	108.92
54163 Repair incomplete circumcision	123.13
54164 Frenulotomy of penis	109.06
54200 Injection procedure for Peyronie disease;	49.21
54205 Injection procedure for Peyronie disease; with surgical exposure of plaque	303.15
54220 Irrigation of corpora cavernosa for priapism	75.63
54230 Injection procedure for corpora cavernosography	45.04
54231 Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	66.54
54235 Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	41.17
54240 Penile plethysmography	58.71
54240 Penile plethysmography	21.55
54240 Penile plethysmography	37.17
54250 Nocturnal penile tumescence and/or rigidity test	70.11
54250 Nocturnal penile tumescence and/or rigidity test	7.43
54250 Nocturnal penile tumescence and/or rigidity test	62.68
54300 Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without	367.12

SURGICAL SCHEDULE

mobilization of urethra	
54304 Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	429.69
54308 Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	375.31
54312 Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	482.65
54316 Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	568.78
54318 Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	385.92
54322 One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	446.67
54324 One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)	555.78
54326 One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	536.41
54328 One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	527.62
54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	573.40
54336 One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	656.23
54340 Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	326.43
54344 Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	553.40
54348 Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	581.25
54352 Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as f	829.64
54360 Plastic operation on penis to correct angulation	411.91
54380 Plastic operation on penis for epispadias distal to external sphincter;	452.89
54385 Plastic operation on penis for epispadias distal to external sphincter; with incontinence	552.58
54390 Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	648.09
54400 Insertion of penile prosthesis; non-inflatable (semi-rigid)	301.99
54401 Insertion of penile prosthesis; inflatable (self-contained)	371.45
54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	452.52
54406 Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	408.85
54408 Repair of component(s) of a multi-component, inflatable penile prosthesis	438.75
54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	517.12
54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	565.32
54415 Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	295.71
54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	393.66
54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile	496.30

SURGICAL SCHEDULE

prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
54420 Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	397.89
54430 Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral	360.69
54435 Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	235.82
54450 Foreskin manipulation including lysis of preputial adhesions and stretching	33.36
54500 Biopsy of testis, needle (separate procedure)	42.03
54505 Biopsy of testis, incisional (separate procedure)	122.31
54512 Excision of extraparenchymal lesion of testis	301.77
54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	186.28
54522 Orchiectomy, partial	332.08
54530 Orchiectomy, radical, for tumor; inguinal approach	309.01
54535 Orchiectomy, radical, for tumor; with abdominal exploration	409.51
54550 Exploration for undescended testis (inguinal or scrotal area)	273.73
54560 Exploration for undescended testis with abdominal exploration	383.73
54600 Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	253.44
54620 Fixation of contralateral testis (separate procedure)	170.70
54640 Orchiopexy, inguinal approach, with or without hernia repair	262.31
54650 Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	384.17
54660 Insertion of testicular prosthesis (separate procedure)	201.86
54670 Suture or repair of testicular injury	231.13
54680 Transplantation of testis(es) to thigh (because of scrotal destruction)	447.63
54690 Laparoscopy, surgical; orchiectomy	362.17
54692 Laparoscopy, surgical; orchiopexy for intra-abdominal testis	436.28
54700 Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	121.51
54800 Biopsy of epididymis, needle	73.53
54830 Excision of local lesion of epididymis	206.84
54840 Excision of spermatocele, with or without epididymectomy	183.16
54860 Epididymectomy; unilateral	233.65
54861 Epididymectomy; bilateral	315.95
54865 Exploration of epididymis, with or without biopsy	199.41
54900 Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	409.21
54901 Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	606.13
55000 Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	47.45
55040 Excision of hydrocele; unilateral	191.05
55041 Excision of hydrocele; bilateral	283.41
55060 Repair of tunica vaginalis hydrocele (Bottle type)	211.84
55100 Drainage of scrotal wall abscess	91.88
55110 Scrotal exploration	215.17
55120 Removal of foreign body in scrotum	197.84
55150 Resection of scrotum	270.66
55175 Scrotoplasty; simple	202.08
55180 Scrotoplasty; complicated	385.32
55200 Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	158.19
55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	130.21

SURGICAL SCHEDULE

55300 Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	106.23
55400 Vasovasostomy, vasovasorrhaphy	284.35
55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	139.87
55500 Excision of hydrocele of spermatic cord, unilateral (separate procedure)	212.66
55520 Excision of lesion of spermatic cord (separate procedure)	223.46
55530 Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	200.01
55535 Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	238.91
55540 Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	269.68
55550 Laparoscopy, surgical, with ligation of spermatic veins for varicocele	237.30
55600 Vesiculotomy;	239.97
55605 Vesiculotomy; complicated	279.29
55650 Vesiculectomy, any approach	401.94
55680 Excision of Mullerian duct cyst	196.33
55700 Biopsy, prostate; needle or punch, single or multiple, any approach	72.56
55705 Biopsy, prostate; incisional, any approach	152.70
55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple	268.64
55725 Prostatotomy, external drainage of prostatic abscess, any approach; complicated	326.19
55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	603.63
55810 Prostatectomy, perineal radical;	731.58
55812 Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	890.00
55815 Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	982.52
55821 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	486.08
55831 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	526.35
55840 Prostatectomy, retropubic radical, with or without nerve sparing;	745.59
55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	798.24
55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	911.39
55860 Exposure of prostate, any approach, for insertion of radioactive substance;	488.75
55862 Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	620.05
55865 Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	741.49
55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	968.81
55870 Electroejaculation	81.09
55873 Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)	643.69
55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	427.39
55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	64.10
55920 Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	239.90
56405 Incision and drainage of vulva or perineal abscess	58.82
56420 Incision and drainage of Bartholin's gland abscess	51.66
56440 Marsupialization of Bartholin's gland cyst	100.03

SURGICAL SCHEDULE

56441 Lysis of labial adhesions	76.96
56442 Hymenotomy, simple incision	26.78
56501 Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	62.46
56515 Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	106.42
56605 Biopsy of vulva or perineum (separate procedure); one lesion	32.91
56606 Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	16.25
56620 Vulvectomy simple; partial	286.71
56625 Vulvectomy simple; complete	321.25
56630 Vulvectomy, radical, partial;	461.61
56631 Vulvectomy, radical, partial; with unilateral inguinothoracic lymphadenectomy	590.44
56632 Vulvectomy, radical, partial; with bilateral inguinothoracic lymphadenectomy	679.29
56633 Vulvectomy, radical, complete;	600.37
56634 Vulvectomy, radical, complete; with unilateral inguinothoracic lymphadenectomy	638.32
56637 Vulvectomy, radical, complete; with bilateral inguinothoracic lymphadenectomy	756.88
56640 Vulvectomy, radical, complete, with inguinothoracic, iliac, and pelvic lymphadenectomy	754.98
56700 Partial hymenectomy or revision of hymenal ring	101.85
56740 Excision of Bartholin's gland or cyst	160.99
56800 Plastic repair of introitus	132.10
56805 Clitoroplasty for intersex state	618.58
56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	142.13
56820 Colposcopy of the vulva;	45.99
56821 Colposcopy of the vulva; with biopsy(s)	62.93
57000 Colpotomy; with exploration	103.82
57010 Colpotomy; with drainage of pelvic abscess	232.14
57020 Colpocentesis (separate procedure)	44.27
57022 Incision and drainage of vaginal hematoma; obstetrical/postpartum	90.79
57023 Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	167.45
57061 Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	54.11
57065 Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	93.94
57100 Biopsy of vaginal mucosa; simple (separate procedure)	35.48
57105 Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	69.46
57106 Vaginectomy, partial removal of vaginal wall;	253.85
57107 Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	746.88
57109 Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	852.79
57110 Vaginectomy, complete removal of vaginal wall;	485.29
57111 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	870.75
57112 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	900.97
57120 Colpocleisis (Le Fort type)	277.17
57130 Excision of vaginal septum	88.01

SURGICAL SCHEDULE

57135	Excision of vaginal cyst or tumor	94.99
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	16.01
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	230.61
57160	Fitting and insertion of pessary or other intravaginal support device	25.80
57170	Diaphragm or cervical cap fitting with instructions	26.24
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	60.32
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	161.54
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	198.94
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	173.50
57230	Plastic repair of urethrocele	211.24
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	332.86
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	325.38
57260	Combined anteroposterior colporrhaphy;	411.54
57265	Combined anteroposterior colporrhaphy; with enterocele repair	468.49
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	146.87
57268	Repair of enterocele, vaginal approach (separate procedure)	258.49
57270	Repair of enterocele, abdominal approach (separate procedure)	427.47
57280	Colpopexy, abdominal approach	516.38
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	277.31
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	368.34
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	452.18
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	347.23
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	373.12
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	437.03
57289	Pereyra procedure, including anterior colporrhaphy	413.97
57291	Construction of artificial vagina; without graft	297.20
57292	Construction of artificial vagina; with graft	447.33
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	266.70
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	501.13
57300	Closure of rectovaginal fistula; vaginal or transanal approach	282.83
57305	Closure of rectovaginal fistula; abdominal approach	470.36
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	527.66
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	340.34
57310	Closure of urethrovaginal fistula;	256.94
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	291.59
57320	Closure of vesicovaginal fistula; vaginal approach	292.38
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	419.32
57335	Vaginoplasty for intersex state	611.30
57400	Dilation of vagina under anesthesia	73.14
57410	Pelvic examination under anesthesia	57.98
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia	85.61
57420	Colposcopy of the entire vagina, with cervix if present;	48.56
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	67.08

SURGICAL SCHEDULE

57423 Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	488.60
57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	514.26
57452 Colposcopy of the cervix including upper/adjacent vagina;	49.91
57454 Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	74.71
57455 Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	60.46
57456 Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	56.51
57460 Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	89.63
57461 Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	102.96
57500 Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	40.30
57505 Endocervical curettage (not done as part of a dilation and curettage)	50.85
57510 Cautery of cervix; electro or thermal	63.72
57511 Cautery of cervix; cryocautery, initial or repeat	72.69
57513 Cautery of cervix; laser ablation	73.18
57520 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	151.46
57522 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	133.06
57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	187.31
57531 Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	914.40
57540 Excision of cervical stump, abdominal approach;	417.96
57545 Excision of cervical stump, abdominal approach; with pelvic floor repair	441.84
57550 Excision of cervical stump, vaginal approach;	220.04
57555 Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	325.01
57556 Excision of cervical stump, vaginal approach; with repair of enterocele	305.12
57558 Dilation and curettage of cervical stump	62.20
57700 Cerclage of uterine cervix, nonobstetrical	164.24
57720 Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	167.75
57800 Dilation of cervical canal, instrumental (separate procedure)	26.95
58100 Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	48.06
58110 Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	22.54
58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	116.88
58140 Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	490.97
58145 Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	293.35
58146 Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	623.24
58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	527.94
58152 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	672.78
58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	506.18

SURGICAL SCHEDULE

58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	699.93
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	931.20
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal rese	1,416.06
58260	Vaginal hysterectomy, for uterus 250 g or less;	444.64
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	496.56
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	534.66
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	567.93
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	476.66
58275	Vaginal hysterectomy, with total or partial vaginectomy;	528.49
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	565.82
58285	Vaginal hysterectomy, radical (Schauta type operation)	706.70
58290	Vaginal hysterectomy, for uterus greater than 250 g;	622.65
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	675.76
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	713.41
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	741.30
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	655.22
58301	Removal of intrauterine device (IUD)	36.72
58321	Artificial insemination; intra-cervical	26.40
58322	Artificial insemination; intra-uterine	31.93
58323	Sperm washing for artificial insemination	6.82
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	32.91
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	149.51
58346	Insertion of Heyman capsules for clinical brachytherapy	241.62
58350	Chromotubation of oviduct, including materials	43.67
58353	Endometrial ablation, thermal, without hysteroscopic guidance	121.12
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	190.99
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	241.33
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	429.30
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	418.63
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	486.51
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	454.68
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	500.28
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	508.53
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	549.30
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	482.69

SURGICAL SCHEDULE

58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	611.01
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	959.68
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	477.31
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	523.54
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	613.46
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	698.17
58555	Hysteroscopy, diagnostic (separate procedure)	104.06
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	146.45
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	188.05
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	213.30
58561	Hysteroscopy, surgical; with removal of leiomyomata	301.15
58562	Hysteroscopy, surgical; with removal of impacted foreign body	159.79
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	188.30
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	247.47
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	487.56
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	531.10
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	603.66
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	676.13
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	198.70
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	180.51
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	42.49
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	140.26
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	362.67
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	348.68
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	382.68
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	198.49
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	198.78
58672	Laparoscopy, surgical; with fimbrioplasty	406.67
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	438.18
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	409.87
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	385.46
58740	Lysis of adhesions (salpingolysis, ovariolysis)	470.89
58750	Tubotubal anastomosis	491.13
58752	Tubouterine implantation	484.12
58760	Fimbrioplasty	445.97

SURGICAL SCHEDULE

58770 Salpingostomy (salpingoneostomy)	463.49
58800 Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	160.86
58805 Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	217.02
58820 Drainage of ovarian abscess; vaginal approach, open	172.17
58822 Drainage of ovarian abscess; abdominal approach	366.44
58823 Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	94.19
58825 Transposition, ovary(s)	373.97
58900 Biopsy of ovary, unilateral or bilateral (separate procedure)	221.49
58920 Wedge resection or bisection of ovary, unilateral or bilateral	379.86
58925 Ovarian cystectomy, unilateral or bilateral	391.41
58940 Oophorectomy, partial or total, unilateral or bilateral;	268.65
58943 Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy	599.37
58950 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	571.24
58951 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	733.92
58952 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	828.95
58953 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	1,028.39
58954 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1,116.33
58956 Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	744.74
58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	777.58
58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	859.44
58960 Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aorti	494.11
58970 Follicle puncture for oocyte retrieval, any method	108.07
58976 Gamete, zygote, or embryo intrafallopian transfer, any method	117.59
59000 Amniocentesis; diagnostic	46.57
59001 Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	103.40
59012 Cordocentesis (intrauterine), any method	116.78
59015 Chorionic villus sampling, any method	76.15
59020 Fetal contraction stress test	41.53
59020 Fetal contraction stress test	19.99
59020 Fetal contraction stress test	21.55
59025 Fetal non-stress test	26.90
59025 Fetal non-stress test	9.39
59025 Fetal non-stress test	17.51
59030 Fetal scalp blood sampling	63.33
59050 Fetal monitoring during labor by consulting physician (ie, non-attending physician) with	29.18

SURGICAL SCHEDULE

written report; supervision and interpretation	
59051 Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	23.97
59070 Transabdominal amniocentesis, including ultrasound guidance	150.19
59072 Fetal umbilical cord occlusion, including ultrasound guidance	230.66
59074 Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	147.25
59076 Fetal shunt placement, including ultrasound guidance	230.66
59100 Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	464.59
59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	441.52
59121 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	445.11
59130 Surgical treatment of ectopic pregnancy; abdominal pregnancy	501.44
59135 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	506.16
59136 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	479.97
59140 Surgical treatment of ectopic pregnancy; cervical, with evacuation	207.55
59150 Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	431.47
59151 Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	423.38
59160 Curettage, postpartum	106.64
59200 Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	25.78
59300 Episiotomy or vaginal repair, by other than attending physician	82.64
59320 Cerclage of cervix, during pregnancy; vaginal	87.84
59325 Cerclage of cervix, during pregnancy; abdominal	137.57
59350 Hysterorrhaphy of ruptured uterus	158.05
59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	988.97
59409 Vaginal delivery only (with or without episiotomy and/or forceps);	439.58
59410 Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	506.87
59412 External cephalic version, with or without tocolysis	59.23
59414 Delivery of placenta (separate procedure)	52.45
59425 Antepartum care only; 4-6 visits	185.44
59426 Antepartum care only; 7 or more visits	327.00
59430 Postpartum care only (separate procedure)	71.93
59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1,119.76
59514 Cesarean delivery only;	519.54
59515 Cesarean delivery only; including postpartum care	610.20
59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	273.84
59610 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	1,041.45
59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	492.70
59614 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	550.45
59618 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	1,171.83
59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	566.83
59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	663.04

SURGICAL SCHEDULE

59812 Treatment of incomplete abortion, any trimester, completed surgically	164.47
59820 Treatment of missed abortion, completed surgically; first trimester	195.43
59821 Treatment of missed abortion, completed surgically; second trimester	199.11
59830 Treatment of septic abortion, completed surgically	246.49
59840 Induced abortion, by dilation and curettage	120.98
59841 Induced abortion, by dilation and evacuation	200.92
59850 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	210.51
59851 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	226.63
59852 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	305.06
59855 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	234.77
59856 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	277.76
59857 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	323.72
59866 Multifetal pregnancy reduction(s) (MPR)	134.91
59870 Uterine evacuation and curettage for hydatidiform mole	261.75
59871 Removal of cerclage suture under anesthesia (other than local)	76.83
60000 Incision and drainage of thyroglossal duct cyst, infected	77.32
60100 Biopsy thyroid, percutaneous core needle	43.00
60200 Excision of cyst or adenoma of thyroid, or transection of isthmus	344.02
60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy	364.50
60212 Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	522.08
60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy	398.83
60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	480.57
60240 Thyroidectomy, total or complete	509.28
60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	682.75
60254 Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	883.55
60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	572.25
60270 Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	715.15
60271 Thyroidectomy, including substernal thyroid; cervical approach	551.72
60280 Excision of thyroglossal duct cyst or sinus;	233.95
60281 Excision of thyroglossal duct cyst or sinus; recurrent	310.92
60300 Aspiration and/or injection, thyroid cyst	26.84
60500 Parathyroidectomy or exploration of parathyroid(s);	525.98
60502 Parathyroidectomy or exploration of parathyroid(s); re-exploration	662.66
60505 Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	727.86
60512 Parathyroid autotransplantation (List separately in addition to code for primary procedure)	127.86
60520 Thymectomy, partial or total; transcervical approach (separate procedure)	550.72

SURGICAL SCHEDULE

60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	633.52
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	760.55
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	559.35
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	640.05
60600	Excision of carotid body tumor; without excision of carotid artery	745.53
60605	Excision of carotid body tumor; with excision of carotid artery	931.47
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	625.68
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	58.21
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	56.98
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	72.53
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	72.02
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	59.38
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	75.41
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	46.90
61105	Twist drill hole for subdural or ventricular puncture	241.05
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	177.93
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	467.81
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	383.92
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	667.14
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	712.15
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	521.06
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	666.74
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	666.01
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	207.29
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	253.09
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	454.28
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	497.24
61304	Craniectomy or craniotomy, exploratory; supratentorial	881.75
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	1,046.50
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	1,081.60
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	1,045.30
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	965.75
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	1,110.16
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	48.09
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	1,024.88
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	1,133.09

SURGICAL SCHEDULE

61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	1,223.62
61323 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	1,252.95
61330 Decompression of orbit only, transcranial approach	818.80
61332 Exploration of orbit (transcranial approach); with biopsy	989.41
61333 Exploration of orbit (transcranial approach); with removal of lesion	974.37
61334 Exploration of orbit (transcranial approach); with removal of foreign body	634.15
61340 Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	769.46
61343 Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	1,177.33
61345 Other cranial decompression, posterior fossa	1,083.67
61440 Craniotomy for section of tentorium cerebelli (separate procedure)	1,059.44
61450 Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	998.25
61458 Craniectomy, suboccipital; for exploration or decompression of cranial nerves	1,078.10
61460 Craniectomy, suboccipital; for section of one or more cranial nerves	1,081.92
61470 Craniectomy, suboccipital; for medullary tractotomy	994.59
61480 Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	970.69
61490 Craniotomy for lobotomy, including cingulotomy	1,024.42
61500 Craniectomy; with excision of tumor or other bone lesion of skull	715.97
61501 Craniectomy; for osteomyelitis	605.85
61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	1,160.94
61512 Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	1,377.31
61514 Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	1,016.89
61516 Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	993.47
61517 Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	48.58
61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	1,481.07
61519 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	1,595.45
61520 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	2,010.85
61521 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	1,717.37
61522 Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	1,164.55
61524 Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	1,112.41
61526 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	1,788.14
61530 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	1,521.28
61531 Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long-term seizure monitoring	634.77
61533 Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	807.60
61534 Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	866.79
61535 Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array,	514.94

SURGICAL SCHEDULE

without excision of cerebral tissue (separate procedure)	
61536 Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	1,393.82
61537 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	1,227.14
61538 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	1,303.24
61539 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	1,262.07
61540 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	1,199.10
61541 Craniotomy with elevation of bone flap; for transection of corpus callosum	1,126.17
61542 Craniotomy with elevation of bone flap; for total hemispherectomy	1,234.46
61543 Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	1,135.08
61544 Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	994.62
61545 Craniotomy with elevation of bone flap; for excision of craniopharyngioma	1,693.28
61546 Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	1,224.38
61548 Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	806.40
61550 Craniectomy for craniosynostosis; single cranial suture	454.11
61552 Craniectomy for craniosynostosis; multiple cranial sutures	647.98
61556 Craniotomy for craniosynostosis; frontal or parietal bone flap	857.08
61557 Craniotomy for craniosynostosis; bifrontal bone flap	906.81
61558 Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	856.89
61559 Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	1,299.63
61563 Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	993.79
61564 Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	1,302.55
61566 Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	1,188.41
61567 Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	1,322.08
61570 Craniectomy or craniotomy; with excision of foreign body from brain	974.25
61571 Craniectomy or craniotomy; with treatment of penetrating wound of brain	1,056.28
61575 Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	1,231.54
61576 Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	1,899.44
61580 Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	1,294.21
61581 Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	1,424.93
61582 Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	1,528.41
61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	1,563.50
61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	1,514.81
61585 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	1,580.56
61586 Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with	1,158.97

SURGICAL SCHEDULE

or without internal fixation, without bone graft	
61590 Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization	1,631.60
61591 Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and	1,649.88
61592 Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	1,696.77
61595 Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	1,237.45
61596 Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	1,345.50
61597 Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	1,535.97
61598 Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	1,359.66
61600 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	1,117.91
61601 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	1,260.57
61605 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	1,159.77
61606 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	1,593.45
61607 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	1,464.29
61608 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	1,754.64
61609 Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	346.10
61610 Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	1,037.12
61611 Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	252.03
61612 Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	854.78
61613 Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	1,689.06
61615 Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	1,301.82
61616 Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	1,740.99
61618 Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	688.89
61619 Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occi	793.09
61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of	300.70

SURGICAL SCHEDULE

occlusion balloon, concomitant neurological monitoring, and radiologic s	
61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	584.02
61626 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	468.69
61630 Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	678.24
61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	741.77
61680 Surgery of intracranial arteriovenous malformation; supratentorial, simple	1,215.59
61682 Surgery of intracranial arteriovenous malformation; supratentorial, complex	2,299.90
61684 Surgery of intracranial arteriovenous malformation; infratentorial, simple	1,543.42
61686 Surgery of intracranial arteriovenous malformation; infratentorial, complex	2,460.19
61690 Surgery of intracranial arteriovenous malformation; dural, simple	1,154.19
61692 Surgery of intracranial arteriovenous malformation; dural, complex	1,975.93
61697 Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	2,173.37
61698 Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	2,282.28
61700 Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	1,894.02
61702 Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	2,017.60
61703 Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	696.59
61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	1,381.65
61708 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	1,092.49
61710 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	1,014.32
61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	1,409.78
61720 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	606.85
61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	730.62
61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	746.10
61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	729.93
61760 Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	800.44
61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	779.18
61790 Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	449.71
61791 Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	576.35
61793 Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	680.62
61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)	135.88
61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	515.86
61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	820.94
61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus,	813.18

SURGICAL SCHEDULE

subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat	
61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat	281.94
61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative	1,155.04
61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative	379.12
61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	633.80
61875 Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	542.49
61880 Revision or removal of intracranial neurostimulator electrodes	287.55
61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	326.70
61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	409.74
61888 Revision or removal of cranial neurostimulator pulse generator or receiver	216.91
62000 Elevation of depressed skull fracture; simple, extradural	434.82
62005 Elevation of depressed skull fracture; compound or comminuted, extradural	644.37
62010 Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	809.62
62100 Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	854.77
62115 Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	869.69
62116 Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	939.83
62117 Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	971.29
62120 Repair of encephalocele, skull vault, including cranioplasty	953.83
62121 Craniotomy for repair of encephalocele, skull base	886.34
62140 Cranioplasty for skull defect; up to 5 cm diameter	560.92
62141 Cranioplasty for skull defect; larger than 5 cm diameter	613.38
62142 Removal of bone flap or prosthetic plate of skull	465.35
62143 Replacement of bone flap or prosthetic plate of skull	548.87
62145 Cranioplasty for skull defect with reparative brain surgery	739.31
62146 Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	640.36
62147 Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	758.36
62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	68.47
62160 Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	107.06
62161 Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	816.50
62162 Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	999.41
62163 Neuroendoscopy, intracranial; with retrieval of foreign body	637.89
62164 Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	1,047.07
62165 Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	800.77
62180 Ventriculocisternostomy (Torkildsen type operation)	839.25

SURGICAL SCHEDULE

62190 Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	469.43
62192 Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	510.95
62194 Replacement or irrigation, subarachnoid/subdural catheter	194.56
62200 Ventriculocisternostomy, third ventricle;	734.22
62201 Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	627.09
62220 Creation of shunt; ventriculo-atrial, -jugular, -auricular	545.30
62223 Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	549.77
62225 Replacement or irrigation, ventricular catheter	264.51
62230 Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	444.76
62252 Reprogramming of programmable cerebrospinal shunt	58.66
62252 Reprogramming of programmable cerebrospinal shunt	32.41
62252 Reprogramming of programmable cerebrospinal shunt	26.25
62256 Removal of complete cerebrospinal fluid shunt system; without replacement	307.40
62258 Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	600.79
62263 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	200.22
62264 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	118.11
62268 Percutaneous aspiration, spinal cord cyst or syrinx	144.18
62269 Biopsy of spinal cord, percutaneous needle	141.15
62270 Spinal puncture, lumbar, diagnostic	40.45
62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	45.10
62273 Injection, epidural, of blood or clot patch	57.20
62280 Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	81.42
62281 Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	75.75
62282 Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	70.85
62284 Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	48.06
62287 Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	293.74
62290 Injection procedure for discography, each level; lumbar	90.24
62291 Injection procedure for discography, each level; cervical or thoracic	86.80
62292 Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	274.31
62294 Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	408.34
62310 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, oth	51.73
62311 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, oth	43.50
62318 Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic,	52.67

SURGICAL SCHEDULE

62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic,	48.89
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	267.69
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	448.30
62355	Removal of previously implanted intrathecal or epidural catheter	218.27
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	146.27
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	236.55
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	295.31
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	229.73
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	11.96
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	19.08
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	651.90
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	656.88
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	623.73
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	585.90
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	637.52
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	790.66
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	803.61
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	660.28
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, cervical	628.09
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, lumbar (including open or endoscopically-assisted approach)	523.56
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional	111.95

SURGICAL SCHEDULE

	interspace, cervical or lumbar (List separately in addition to code for primary procedure)	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	764.73
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	717.82
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	680.95
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	647.70
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	595.91
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar	118.21
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	808.18
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-	905.34
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	876.58
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	811.81
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	183.73
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	960.54
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	112.08
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	757.75
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	142.39
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	806.75
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	111.63
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	956.48
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	153.37
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	1,000.19
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment	106.81

SURGICAL SCHEDULE

(List separately in addition to code for primary procedure)

63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	1,278.02
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code	145.41
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	1,035.12
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately	98.93
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	1,204.93
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	1,202.48
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List se	156.40
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	800.62
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	740.08
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	911.20
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	740.71
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments	773.28
63185	Laminectomy with rhizotomy; one or two segments	587.21
63190	Laminectomy with rhizotomy; more than two segments	664.77
63191	Laminectomy with section of spinal accessory nerve	690.60
63194	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical	760.91
63195	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic	801.78
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical	940.28
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic	816.06
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical	920.35
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic	889.61
63200	Laminectomy, with release of tethered spinal cord, lumbar	803.52
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	1,527.88
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	1,621.50
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	1,615.35
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	887.89
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	913.58
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	736.82
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	720.59

SURGICAL SCHEDULE

63270 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	1,094.85
63271 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	1,100.11
63272 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	1,013.49
63273 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	976.11
63275 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	955.99
63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	949.92
63277 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	837.02
63278 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	814.93
63280 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	1,132.75
63281 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	1,122.74
63282 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	1,057.85
63283 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	1,006.77
63285 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	1,395.55
63286 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	1,396.10
63287 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	1,461.84
63290 Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	1,462.37
63295 Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	171.96
63300 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	984.54
63301 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	1,072.04
63302 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	1,067.14
63303 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	1,113.24
63304 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	1,203.72
63305 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	1,228.05
63306 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	1,282.98
63307 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	1,127.98
63308 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	184.78
63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	423.61
63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	223.96
63615 Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	602.42
63650 Percutaneous implantation of neurostimulator electrode array, epidural	223.26
63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	448.72
63660 Revision or removal of spinal neurostimulator electrode percutaneous array(s) or	229.47

SURGICAL SCHEDULE

plate/paddle(s)	
63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	264.07
63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver	219.48
63700 Repair of meningocele; less than 5 cm diameter	653.67
63702 Repair of meningocele; larger than 5 cm diameter	714.27
63704 Repair of myelomeningocele; less than 5 cm diameter	823.09
63706 Repair of myelomeningocele; larger than 5 cm diameter	962.42
63707 Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	482.70
63709 Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	586.81
63710 Dural graft, spinal	589.50
63740 Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	495.22
63741 Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	324.65
63744 Replacement, irrigation or revision of lumbosubarachnoid shunt	345.08
63746 Removal of entire lumbosubarachnoid shunt system without replacement	287.03
64400 Injection, anesthetic agent; trigeminal nerve, any division or branch	32.38
64402 Injection, anesthetic agent; facial nerve	38.05
64405 Injection, anesthetic agent; greater occipital nerve	37.25
64408 Injection, anesthetic agent; vagus nerve	46.77
64410 Injection, anesthetic agent; phrenic nerve	40.27
64412 Injection, anesthetic agent; spinal accessory nerve	35.58
64413 Injection, anesthetic agent; cervical plexus	38.90
64415 Injection, anesthetic agent; brachial plexus, single	37.89
64416 Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	92.09
64417 Injection, anesthetic agent; axillary nerve	38.34
64418 Injection, anesthetic agent; suprascapular nerve	36.96
64420 Injection, anesthetic agent; intercostal nerve, single	33.62
64421 Injection, anesthetic agent; intercostal nerves, multiple, regional block	45.49
64425 Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	47.50
64430 Injection, anesthetic agent; pudendal nerve	44.83
64435 Injection, anesthetic agent; paracervical (uterine) nerve	45.35
64445 Injection, anesthetic agent; sciatic nerve, single	41.11
64446 Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration	87.46
64447 Injection, anesthetic agent; femoral nerve, single	36.33
64448 Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	79.06
64449 Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	78.21
64450 Injection, anesthetic agent; other peripheral nerve or branch	37.87
64470 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level	52.90
64472 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	33.18
64475 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level	42.36

SURGICAL SCHEDULE

64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	24.84
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	63.06
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	40.60
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	55.90
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	34.27
64505	Injection, anesthetic agent; sphenopalatine ganglion	44.01
64508	Injection, anesthetic agent; carotid sinus (separate procedure)	37.73
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	34.92
64517	Injection, anesthetic agent; superior hypogastric plexus	61.06
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	39.07
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	46.58
64550	Application of surface (transcutaneous) neurostimulator	4.71
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	86.56
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	78.65
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	79.39
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	219.28
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	66.47
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	316.79
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	152.44
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	210.13
64580	Incision for implantation of neurostimulator electrodes; neuromuscular	159.95
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	425.93
64585	Revision or removal of peripheral neurostimulator electrodes	96.44
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	106.08
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	86.43
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	110.88
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	176.15
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	258.65
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	70.53
64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	66.85
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	73.76
64620	Destruction by neurolytic agent, intercostal nerve	86.00
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	90.44
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	24.51
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single	119.96

SURGICAL SCHEDULE

level	
64627 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	28.78
64630 Destruction by neurolytic agent; pudendal nerve	99.17
64640 Destruction by neurolytic agent; other peripheral nerve or branch	97.20
64650 Chemodenervation of eccrine glands; both axillae	19.75
64653 Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	24.79
64680 Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	83.64
64681 Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	115.51
64702 Neuroplasty; digital, one or both, same digit	235.76
64704 Neuroplasty; nerve of hand or foot	179.42
64708 Neuroplasty, major peripheral nerve, arm or leg; other than specified	247.92
64712 Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	282.08
64713 Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	396.94
64714 Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	322.83
64716 Neuroplasty and/or transposition; cranial nerve (specify)	278.89
64718 Neuroplasty and/or transposition; ulnar nerve at elbow	303.74
64719 Neuroplasty and/or transposition; ulnar nerve at wrist	214.20
64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	228.72
64722 Decompression; unspecified nerve(s) (specify)	171.07
64726 Decompression; plantar digital nerve	158.18
64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	101.11
64732 Transection or avulsion of; supraorbital nerve	200.40
64734 Transection or avulsion of; infraorbital nerve	225.21
64736 Transection or avulsion of; mental nerve	200.03
64738 Transection or avulsion of; inferior alveolar nerve by osteotomy	254.38
64740 Transection or avulsion of; lingual nerve	251.17
64742 Transection or avulsion of; facial nerve, differential or complete	249.61
64744 Transection or avulsion of; greater occipital nerve	228.21
64746 Transection or avulsion of; phrenic nerve	239.57
64752 Transection or avulsion of; vagus nerve (vagotomy), transthoracic	259.08
64755 Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	452.52
64760 Transection or avulsion of; vagus nerve (vagotomy), abdominal	243.78
64761 Transection or avulsion of; pudendal nerve	233.36
64763 Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	269.65
64766 Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	316.87
64771 Transection or avulsion of other cranial nerve, extradural	313.42
64772 Transection or avulsion of other spinal nerve, extradural	299.25
64774 Excision of neuroma; cutaneous nerve, surgically identifiable	217.76
64776 Excision of neuroma; digital nerve, one or both, same digit	209.50
64778 Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	100.98
64782 Excision of neuroma; hand or foot, except digital nerve	241.50
64783 Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	119.13

SURGICAL SCHEDULE

64784	Excision of neuroma; major peripheral nerve, except sciatic	383.36
64786	Excision of neuroma; sciatic nerve	582.26
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	138.19
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	203.51
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	444.58
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	557.48
64795	Biopsy of nerve	104.32
64802	Sympathectomy, cervical	323.01
64804	Sympathectomy, cervicothoracic	500.23
64809	Sympathectomy, thoracolumbar	456.98
64818	Sympathectomy, lumbar	353.51
64820	Sympathectomy; digital arteries, each digit	402.07
64821	Sympathectomy; radial artery	367.14
64822	Sympathectomy; ulnar artery	366.15
64823	Sympathectomy; superficial palmar arch	413.76
64831	Suture of digital nerve, hand or foot; one nerve	388.18
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	188.01
64834	Suture of one nerve; hand or foot, common sensory nerve	398.32
64835	Suture of one nerve; median motor thenar	432.60
64836	Suture of one nerve; ulnar motor	432.61
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	208.68
64840	Suture of posterior tibial nerve	476.56
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	540.45
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	565.03
64858	Suture of sciatic nerve	655.86
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	142.15
64861	Suture of; brachial plexus	748.45
64862	Suture of; lumbar plexus	762.02
64864	Suture of facial nerve; extracranial	469.26
64865	Suture of facial nerve; infratemporal, with or without grafting	630.72
64866	Anastomosis; facial-spinal accessory	650.01
64868	Anastomosis; facial-hypoglossal	561.29
64870	Anastomosis; facial-phrenic	541.50
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	66.05
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	98.42
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	111.75
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	606.53
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	717.59
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	581.81
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	560.87
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	566.13
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	608.29
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm	683.89

SURGICAL SCHEDULE

length	
64896 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	752.09
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	671.35
64898 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	730.73
64901 Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	327.67
64902 Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	382.27
64905 Nerve pedicle transfer; first stage	510.94
64907 Nerve pedicle transfer; second stage	671.97
64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	361.14
64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	434.98
65091 Evisceration of ocular contents; without implant	319.45
65093 Evisceration of ocular contents; with implant	321.80
65101 Enucleation of eye; without implant	366.95
65103 Enucleation of eye; with implant, muscles not attached to implant	381.53
65105 Enucleation of eye; with implant, muscles attached to implant	418.46
65110 Exenteration of orbit (does not include skin graft), removal of orbital contents; only	602.18
65112 Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	717.89
65114 Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	735.82
65125 Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	144.22
65130 Insertion of ocular implant secondary; after evisceration, in scleral shell	361.07
65135 Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	367.25
65140 Insertion of ocular implant secondary; after enucleation, muscles attached to implant	397.69
65150 Reinsertion of ocular implant; with or without conjunctival graft	294.91
65155 Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	423.98
65175 Removal of ocular implant	326.15
65205 Removal of foreign body, external eye; conjunctival superficial	20.81
65210 Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	25.26
65220 Removal of foreign body, external eye; corneal, without slit lamp	20.89
65222 Removal of foreign body, external eye; corneal, with slit lamp	27.35
65235 Removal of foreign body, intraocular; from anterior chamber of eye or lens	330.79
65260 Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	458.08
65265 Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	513.01
65270 Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	67.98
65272 Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	163.32
65273 Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	179.90
65275 Repair of laceration; cornea, nonperforating, with or without removal foreign body	211.68
65280 Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	314.80
65285 Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	488.10
65286 Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	231.57

SURGICAL SCHEDULE

65290 Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	233.11
65400 Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	283.08
65410 Biopsy of cornea	50.10
65420 Excision or transposition of pterygium; without graft	183.49
65426 Excision or transposition of pterygium; with graft	226.93
65430 Scraping of cornea, diagnostic, for smear and/or culture	50.34
65435 Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	34.00
65436 Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	176.17
65450 Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	155.92
65600 Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	159.02
65710 Keratoplasty (corneal transplant); lamellar	527.04
65730 Keratoplasty (corneal transplant); penetrating (except in aphakia)	583.10
65750 Keratoplasty (corneal transplant); penetrating (in aphakia)	590.15
65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia)	586.64
65770 Keratoprosthesis	671.20
65772 Corneal relaxing incision for correction of surgically induced astigmatism	191.89
65775 Corneal wedge resection for correction of surgically induced astigmatism	264.53
65780 Ocular surface reconstruction; amniotic membrane transplantation	431.60
65781 Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	636.25
65782 Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	551.30
65800 Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous	63.13
65805 Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	63.37
65810 Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	221.31
65815 Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	225.04
65820 Goniotomy	367.87
65850 Trabeculotomy ab externo	405.91
65855 Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	144.10
65860 Severing adhesions of anterior segment, laser technique (separate procedure)	123.85
65865 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia	234.00
65870 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia	284.32
65875 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia	301.40
65880 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	317.21
65900 Removal of epithelial downgrowth, anterior chamber of eye	466.13
65920 Removal of implanted material, anterior segment of eye	374.90
65930 Removal of blood clot, anterior segment of eye	310.12
66020 Injection, anterior chamber of eye (separate procedure); air or liquid	64.00
66030 Injection, anterior chamber of eye (separate procedure); medication	53.76
66130 Excision of lesion, sclera	275.63
66150 Fistulization of sclera for glaucoma; trephination with iridectomy	415.52
66155 Fistulization of sclera for glaucoma; thermocauterization with iridectomy	413.36
66160 Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	467.11
66165 Fistulization of sclera for glaucoma; iridencleisis or iridotaxis	406.36

SURGICAL SCHEDULE

66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	565.04
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	708.27
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	553.13
66185	Revision of aqueous shunt to extraocular reservoir	352.67
66220	Repair of scleral staphyloma; without graft	344.30
66225	Repair of scleral staphyloma; with graft	440.25
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	261.93
66500	Iridotomy by stab incision (separate procedure); except transfixion	176.23
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	192.42
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	388.35
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	507.01
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	208.33
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	269.34
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	271.67
66680	Repair of iris, ciliary body (as for iridodialysis)	244.17
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	298.01
66700	Ciliary body destruction; diathermy	188.17
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	186.91
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	300.48
66720	Ciliary body destruction; cryotherapy	203.75
66740	Ciliary body destruction; cyclodialysis	188.62
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)	195.63
66762	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	201.38
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	227.73
66820	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	202.49
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)	147.78
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	373.09
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	336.66
66840	Removal of lens material; aspiration technique, one or more stages	330.55
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	374.73
66852	Removal of lens material; pars plana approach, with or without vitrectomy	400.63
66920	Removal of lens material; intracapsular	358.14
66930	Removal of lens material; intracapsular, for dislocated lens	405.50
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	369.74
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine	509.76
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	338.25
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or	363.34

SURGICAL SCHEDULE

phacoemulsification)	
66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	360.30
66986 Exchange of intraocular lens	444.32
66990 Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	43.55
67005 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	225.23
67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	259.55
67015 Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	281.86
67025 Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	297.83
67027 Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	404.99
67028 Intravitreal injection of a pharmacologic agent (separate procedure)	80.91
67030 Discission of vitreous strands (without removal), pars plana approach	251.23
67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)	168.03
67036 Vitrectomy, mechanical, pars plana approach;	457.63
67039 Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	589.17
67040 Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	677.47
67041 Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	613.26
67042 Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	699.91
67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	736.32
67101 Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	317.54
67105 Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid	303.84
67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid	574.20
67108 Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	760.32
67110 Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	364.88
67112 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	626.31
67113 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include	809.59
67115 Release of encircling material (posterior segment)	234.04
67120 Removal of implanted material, posterior segment; extraocular	262.63
67121 Removal of implanted material, posterior segment; intraocular	428.42
67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy	229.64
67145 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)	234.40
67208 Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions;	272.75

SURGICAL SCHEDULE

cryotherapy, diathermy	
67210 Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation	315.85
67218 Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)	661.56
67220 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions	479.04
67221 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	105.47
67225 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	13.43
67227 Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions, cryotherapy, diathermy	270.26
67228 Treatment of extensive or progressive retinopathy, one or more sessions; (eg, diabetic retinopathy), photocoagulation	488.36
67229 Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	535.34
67250 Scleral reinforcement (separate procedure); without graft	386.29
67255 Scleral reinforcement (separate procedure); with graft	412.57
67311 Strabismus surgery, recession or resection procedure; one horizontal muscle	285.28
67312 Strabismus surgery, recession or resection procedure; two horizontal muscles	337.80
67314 Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)	317.91
67316 Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)	379.65
67318 Strabismus surgery, any procedure, superior oblique muscle	333.35
67320 Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	149.04
67331 Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	141.01
67332 Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	153.59
67334 Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	138.84
67335 Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	72.02
67340 Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	165.93
67343 Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	310.67
67345 Chemodenervation of extraocular muscle	102.58
67346 Biopsy of extraocular muscle	97.76
67400 Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	462.49
67405 Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	393.11
67412 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	431.27
67413 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	430.68
67414 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	621.87
67415 Fine needle aspiration of orbital contents	50.48
67420 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of	801.21

SURGICAL SCHEDULE

lesion	
67430 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	616.32
67440 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	596.58
67445 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	678.94
67450 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	616.35
67500 Retrobulbar injection; medication (separate procedure, does not include supply of medication)	35.90
67505 Retrobulbar injection; alcohol	33.88
67515 Injection of medication or other substance into Tenon's capsule	37.72
67550 Orbital implant (implant outside muscle cone); insertion	482.28
67560 Orbital implant (implant outside muscle cone); removal or revision	486.52
67570 Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	570.95
67700 Blepharotomy, drainage of abscess, eyelid	56.09
67710 Severing of tarsorrhaphy	47.76
67715 Canthotomy (separate procedure)	53.40
67800 Excision of chalazion; single	50.17
67801 Excision of chalazion; multiple, same lid	64.44
67805 Excision of chalazion; multiple, different lids	80.03
67808 Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	174.63
67810 Biopsy of eyelid	44.38
67820 Correction of trichiasis; epilation, by forceps only	26.73
67825 Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	59.18
67830 Correction of trichiasis; incision of lid margin	67.03
67835 Correction of trichiasis; incision of lid margin, with free mucous membrane graft	213.86
67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	77.03
67850 Destruction of lesion of lid margin (up to 1 cm)	67.97
67875 Temporary closure of eyelids by suture (eg, Frost suture)	47.61
67880 Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	174.63
67882 Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	223.98
67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	249.43
67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	278.07
67902 Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	332.08
67903 Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	247.18
67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	279.56
67906 Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	249.90
67908 Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	215.51
67909 Reduction of overcorrection of ptosis	216.76
67911 Correction of lid retraction	259.16
67912 Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	243.72
67914 Repair of ectropion; suture	140.69
67915 Repair of ectropion; thermocauterization	125.36

SURGICAL SCHEDULE

67916 Repair of ectropion; excision tarsal wedge	211.61
67917 Repair of ectropion; extensive (eg, tarsal strip operations)	233.40
67921 Repair of entropion; suture	131.94
67922 Repair of entropion; thermocauterization	120.91
67923 Repair of entropion; excision tarsal wedge	227.09
67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	218.43
67930 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	117.74
67935 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	219.53
67938 Removal of embedded foreign body, eyelid	55.89
67950 Canthoplasty (reconstruction of canthus)	231.47
67961 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	225.03
67966 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	304.85
67971 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	353.82
67973 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage	458.35
67974 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage	456.48
67975 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	334.50
68020 Incision of conjunctiva, drainage of cyst	53.80
68040 Expression of conjunctival follicles (eg, for trachoma)	25.70
68100 Biopsy of conjunctiva	47.85
68110 Excision of lesion, conjunctiva; up to 1 cm	72.39
68115 Excision of lesion, conjunctiva; over 1 cm	89.53
68130 Excision of lesion, conjunctiva; with adjacent sclera	200.24
68135 Destruction of lesion, conjunctiva	73.59
68200 Subconjunctival injection	16.77
68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement	253.90
68325 Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	315.80
68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	305.96
68328 Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	345.99
68330 Repair of symblepharon; conjunctivoplasty, without graft	218.26
68335 Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	306.36
68340 Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	188.71
68360 Conjunctival flap; bridge or partial (separate procedure)	194.80
68362 Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	310.14
68371 Harvesting conjunctival allograft, living donor	207.69
68400 Incision, drainage of lacrimal gland	69.72
68420 Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	87.06
68440 Snip incision of lacrimal punctum	48.56
68500 Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	471.64

SURGICAL SCHEDULE

68505 Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	474.16
68510 Biopsy of lacrimal gland	138.05
68520 Excision of lacrimal sac (dacryocystectomy)	332.28
68525 Biopsy of lacrimal sac	128.20
68530 Removal of foreign body or dacryolith, lacrimal passages	127.56
68540 Excision of lacrimal gland tumor; frontal approach	444.08
68550 Excision of lacrimal gland tumor; involving osteotomy	542.37
68700 Plastic repair of canaliculi	285.51
68705 Correction of everted punctum, cautery	80.86
68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	365.33
68745 Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	367.43
68750 Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	378.40
68760 Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	71.10
68761 Closure of the lacrimal punctum; by plug, each	57.47
68770 Closure of lacrimal fistula (separate procedure)	261.93
68801 Dilation of lacrimal punctum, with or without irrigation	53.95
68810 Probing of nasolacrimal duct, with or without irrigation;	114.91
68811 Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	101.32
68815 Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	126.04
68816 Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	118.86
68840 Probing of lacrimal canaliculi, with or without irrigation	53.51
68850 Injection of contrast medium for dacryocystography	30.82
69000 Drainage external ear, abscess or hematoma; simple	62.29
69005 Drainage external ear, abscess or hematoma; complicated	84.83
69020 Drainage external auditory canal, abscess	78.32
69100 Biopsy external ear	24.62
69105 Biopsy external auditory canal	35.13
69110 Excision external ear; partial, simple repair	179.00
69120 Excision external ear; complete amputation	223.97
69140 Excision exostosis(es), external auditory canal	484.72
69145 Excision soft tissue lesion, external auditory canal	134.40
69150 Radical excision external auditory canal lesion; without neck dissection	577.12
69155 Radical excision external auditory canal lesion; with neck dissection	909.05
69200 Removal foreign body from external auditory canal; without general anesthesia	29.52
69205 Removal foreign body from external auditory canal; with general anesthesia	55.90
69210 Removal impacted cerumen (separate procedure), one or both ears	17.13
69220 Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	33.75
69222 Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	76.92
69300 Otoplasty, protruding ear, with or without size reduction	253.46
69310 Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	604.70
69320 Reconstruction external auditory canal for congenital atresia, single stage	852.48
69400 Eustachian tube inflation, transnasal; with catheterization	33.01
69401 Eustachian tube inflation, transnasal; without catheterization	27.62
69405 Eustachian tube catheterization, transtympanic	105.02
69420 Myringotomy including aspiration and/or eustachian tube inflation	65.40

SURGICAL SCHEDULE

69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	84.31
69424 Ventilating tube removal requiring general anesthesia	33.66
69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	70.59
69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	91.66
69440 Middle ear exploration through postauricular or ear canal incision	370.83
69450 Tympanolysis, transcanal	291.18
69501 Transmastoid antrotomy (simple mastoidectomy)	397.97
69502 Mastoidectomy; complete	524.82
69505 Mastoidectomy; modified radical	668.32
69511 Mastoidectomy; radical	684.49
69530 Petrous apicectomy including radical mastoidectomy	906.41
69535 Resection temporal bone, external approach	1,459.71
69540 Excision aural polyp	71.28
69550 Excision aural glomus tumor; transcanal	576.91
69552 Excision aural glomus tumor; transmastoid	868.35
69554 Excision aural glomus tumor; extended (extratemporal)	1,378.12
69601 Revision mastoidectomy; resulting in complete mastoidectomy	566.47
69602 Revision mastoidectomy; resulting in modified radical mastoidectomy	590.76
69603 Revision mastoidectomy; resulting in radical mastoidectomy	706.97
69604 Revision mastoidectomy; resulting in tympanoplasty	604.84
69605 Revision mastoidectomy; with apicectomy	862.67
69610 Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	160.25
69620 Myringoplasty (surgery confined to drumhead and donor area)	266.98
69631 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	476.13
69632 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	583.42
69633 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular repl	562.75
69635 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	671.50
69636 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	763.80
69637 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total	759.76
69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	564.01
69642 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	726.57
69643 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	662.76
69644 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	819.69
69645 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	802.98
69646 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	851.32

SURGICAL SCHEDULE

69650 Stapes mobilization	431.59
69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	503.37
69661 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	659.58
69662 Revision of stapedectomy or stapedotomy	630.10
69666 Repair oval window fistula	437.40
69667 Repair round window fistula	438.33
69670 Mastoid obliteration (separate procedure)	512.34
69676 Tympanic neurectomy	453.75
69700 Closure postauricular fistula, mastoid (separate procedure)	384.63
69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone	468.58
69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	583.83
69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	721.04
69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	618.75
69718 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	779.08
69720 Decompression facial nerve, intratemporal; lateral to geniculate ganglion	639.49
69725 Decompression facial nerve, intratemporal; including medial to geniculate ganglion	1,020.73
69740 Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	627.69
69745 Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	635.58
69801 Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal	405.21
69802 Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy	562.44
69805 Endolymphatic sac operation; without shunt	567.18
69806 Endolymphatic sac operation; with shunt	511.73
69820 Fenestration semicircular canal	471.95
69840 Revision fenestration operation	505.13
69905 Labyrinthectomy; transcanal	496.42
69910 Labyrinthectomy; with mastoidectomy	553.03
69915 Vestibular nerve section, translabyrinthine approach	830.90
69930 Cochlear device implantation, with or without mastoidectomy	690.29
69950 Vestibular nerve section, transcranial approach	986.79
69955 Total facial nerve decompression and/or repair (may include graft)	1,085.37
69960 Decompression internal auditory canal	1,042.03
69970 Removal of tumor, temporal bone	1,160.75
69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	123.82
All	0.00
Other	

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE ENROLLMENT FORM

GENERAL INFORMATION

Applicant/Proposed Named Insured: _____ Gender: _____ Date of Birth: _____ SSN: _____

Home Address: _____ Phone: _____

[Employer Groups Only:

Employer Name: _____

Employer Address: _____ Section/Dept. #: _____

Work Location of Employee: _____

Occupation/Job Title: _____ Employee Class: _____ Hire Date: _____ Hrs/Wk: _____

Annual Salary: \$ _____ Employee ID: _____ Business Phone: _____]

[Association Groups Only:

Association Name: _____

Member Class: _____ Join Date: _____

Member ID: _____ Section/Dept. #: _____]

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

{AD[&D] [and TERM LIFE] COVERAGE ELECTIONS*

Applicant: \$ _____ Spouse: \$ _____ Child(ren): \$ _____

AD[&D] Benefit ☐ Yes ☐ No

Term Life Benefit ☐ Yes ☐ No}

[Are you or any person to be covered Medicare eligible: ☐ Yes ☐ No

Have you received Guide to Health Insurance for People with Medicare? ☐ Yes ☐ No]

[SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

[*If you DO NOT ENROLL for AD&D Benefit and Term Life Benefit for you or your dependent(s) during the initial enrollment period, you will need to complete an evidence of insurability form, if required, for all amounts of coverage.]

{BENEFICIARY INFORMATION – Use where AD&D and Term Life Coverage is included}

Beneficiary Name	Relationship to Applicant	Age	SSN	Benefit %	Primary	Contingent
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Nova Casualty Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. ***This is not basic and traditional health insurance or major medical coverage and is not designed to serve as a substitute for such basic health insurance or major medical coverage.*** This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

NOVA GRP LM 2008 ENRLFM AR

This enrollment form is not a verification of existence of coverage and does not bind coverage. The coverage can only be bound by Nova Casualty Company upon issuance and delivery of a Group Policy and Certificate of Insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: City _____ State _____

Date

Signature of Applicant

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210

POLICYHOLDER APPLICATION FOR GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

1. Name of Employer/Association _____
2. Address (Street) _____
City: _____ State: _____ Zip Code: _____
3. Phone Number: _____ 4. Plan Administrator: _____
5. (a) Nature of Business/Association: _____
(b) For Associations Only: Mission/Purpose (must be other than Insurance) _____
6. Effective Date of Coverage: _____
7. Initial Enrollment: Start Date _____ Stop Date: _____
8. Subsequent Annual Enrollment Period, Subject to the Agreement of the Policyholder and Nova Casualty Company
Start Date _____ Stop Date: _____
9. Waiting Period Before Coverage is Effective (if any): ____ Days
If this is different by employee/member class or for the initial and future enrollments, please indicate: _____
10. Eligibility Period: _____
11. Eligible Class: _____

Employer Group

☐ All active employees working a minimum of {____} regularly scheduled hours per week, per year. (A minimum of [15 hours] per week is required.)

☐ Check here if there are any special eligibility requirements? (explain)

The participation requirement is the greater of [50] enrolled lives or [50%] of all active employees. If premium is non-contributory (meaning employer pays 100% of premium), then you must have 100% of eligible employees participating in this coverage. If contributory (meaning employee pays part of the premium), then not less than 50% of the eligible employees must enroll and not less than 50 eligible employees must enroll.

Number of eligible employees: _____ (Must be greater than 50). Number Enrolled: _____

Employer Premium Contribution:

Is there any employer premium contribution? ☐ Yes ☐ No

If yes, what percentage? _____ %

* Insured Employee Only: ☐ 100% ☐ 75% ☐ 50% ☐ ____ (other)

* Insured Employee and Spouse: ☐ 100% ☐ 75%

☐ 50% ☐ ____ (other)

* Family: ☐ 100% ☐ 75% ☐ 50%

* ☐ ____ (other)

Plan Applied For the Following Employee Class: _____]

[Association Group]

All active members of [ABC Association] as determined by bylaws or charter of the Association.

Number of eligible members: _____

Is there any association premium contribution? ☐ Yes ☐ No

If yes, what percentage? _____ %

* Insured Member Only: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

* Insured Member and Spouse: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

* Family: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

Plan Applied For the following Member Class: _____]

12. Policy Benefits Selected: (See Rate Manual for Options)

[Accident Medical Benefit	
Deductible	[\$250] per Policy Year per Covered Person
Accident Medical Benefit	[80]%
Maximum Benefit	[\$500] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$300] per day of confinement
Maximum Benefit	[60] days per Policy Year per Family]
[Hospital Intensive Care Unit Confinement Benefit	[\$600] per day of confinement
Maximum Benefit Period	Up to [15] days per Policy Year per Family]
[Surgery Benefit	
Maximum Benefit per Surgery	50% - 250%] of Surgical Schedule
Maximum Benefit	[\$3,500]] per Policy Year per Family]
Anesthesia Benefit	[25] % of surgical benefit.]
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$200] per day of confinement
Maximum Benefit	Up to [60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$250 - \$2,000] per admission
Maximum Benefit	[\$2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$50] per visit
Maximum Benefit	[3] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$50] per Test
Maximum Benefit	[1] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$50] per Visit
Maximum Benefit	[3] Visits per Policy Year per Covered Person]

[<u>Diagnostic Tests, X-ray and Laboratory Benefit</u>		
Diagnostic Test Benefit	[\$100] per day	
Maximum Benefit	[3] Tests per Policy Year per Covered Person]	
[<u>Prescription Benefit</u>		
Prescription Benefit	[\$20] per prescription	
Maximum Benefit	[2] prescriptions per month per Covered Person]	
[<u>Ambulance Benefit</u>		
Ambulance Benefit	[\$100] per covered sickness/accident per Covered Person	
Maximum Number of Benefits	[3] per Policy Year per Family.]	
[<u>Mental Health Benefit</u>		
Mental Health Inpatient Benefit	[\$50] per day	
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family	
Mental Health Outpatient Benefit	[\$50] per treatment	
Mental Health Outpatient Maximum Benefit	[\$700] per Policy Year per Family]	
[<u>Chemical Abuse and Dependence Diagnosis and Treatment Benefit</u>		
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$100] per day	
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Family	
Inpatient Rehabilitation Maximum Benefit	30 Days per Policy Year per Family	
[<u>Accidental Death [and Dismemberment Benefit]</u>		
Accidental Death Benefit	[\$5,000]	
[Dismemberment Benefit	[\$5,000]]]	
[<u>Dental Benefit</u>		
Dental Benefit Deductible	[\$50.00] per Policy Year per Covered Person	
<u>Procedure Number</u>	<u>Description of Services</u>	<u>Maximum Covered Charge</u>
PREVENTIVE PROCEDURES		
ORAL EXAMINATIONS		
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit	[\$17.00]
D0140	Limited oral evaluation/problem focused	[\$27.00]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year)	[\$27.00]
D9110	Palliative (Emergency) treatment, per visit	[\$38.00]
X-RAY AND PATHOLOGY		
(Except for injuries, covered charge includes examination and diagnosis.)		
D0210	Intraoral (including bitewings) (limited to once every 3 years)	[\$40.00]
D0220	Intraoral - Single film/initial	[\$7.00]
D0230	Intraoral - Each additional	[\$7.00]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)	[\$10.00]
D0250	Extraoral – Single film/initial	[\$11.00]
D0260	Extraoral - Each additional	[\$9.00]
D0270	Bitewing – Single film (limited to once every 6 months)	[\$8.00]
D0272	Bitewing films, 2 films (limited to once every 6 months)	[\$12.00]
D0274	Bitewing films, 4 (limited to once every 6 months)	[\$17.00]
PROPHYLAXIS AND FLUORIDE APPLICATIONS		
D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months)	[\$30.00]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months)	[\$20.00]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months)	[\$12.00]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months)	[\$12.00]

D1351	Sealant, per tooth	\$[16.00]
BASIC PROCEDURES		
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH		
D2140	Amalgam - 1 surface	\$[35.00]
D2150	Amalgam - 2 surfaces	\$[45.00]
D2160	Amalgam - 3 surfaces	\$[56.00]
D2161	Amalgam - 4 or more surfaces	\$[64.00]
SYNTHETIC RESTORATIONS		
D2330	Resin-based composite - 1 surface, anterior	\$[42.00]
D2331	Resin-based composite - 2 surfaces, anterior	\$[55.00]
D2332	Resin-based composite - 3 surfaces, anterior	\$[67.00]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior	\$[71.00]
D2390	Resin-based composite crown - anterior primary	\$[77.00]
D2391	Resin-based composite - 1 surface, posterior	\$[50.00]
D2392	Resin-based composite - 2 surfaces, posterior	\$[68.00]
D2393	Resin-based composite - 3 or more surfaces, posterior	\$[85.00]
ORAL SURGERY		
(Includes local anesthesia and routine post-operative care).		
EXTRACTIONS		
D7140	Extraction - Erupted tooth of exposed root	\$[39.00]
D7220	Removal of impacted tooth – Soft tissue	\$[45.00]
D7230	Removal of impacted tooth – Partially bony	\$[70.00]
D7240	Removal of impacted tooth – Completely bony	\$[85.00]
D7241	Removal of impacted tooth – Completely bony with unusual surgical complications	\$[85.00]
D7250	Surgical removal of residual tooth roots	\$[30.00]
D7510	Incision and drainage of abscess	\$[45.00]
D9220	General anesthesia	\$[52.00]
PERIODONTICS		
D4341	Periodontal scaling and root planing, per quadrant	\$[72.00]
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$[50.00]
D4910	Periodontal maintenance procedures following active therapy, periodontal prophylactic	\$[3.00]
ENDODONTICS (excluding final restoration)		
D3220	Therapeutic pulpotomy	\$[125.00]
D3310	Complete root canal therapy - Anterior	\$[125.00]
D3320	Complete root canal therapy – Bicuspid	\$[135.00]
D3330	Complete root canal therapy - Molar	\$[140.00]
[Term Life Benefit		\$[5,000]

13. Is this a replacement of similar coverage: ☐ Yes ☐ No

14. Previous Company: _____ Termination Date of Prior Plan: _____

It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no Insurance shall be effective until approved by Nova Casualty Company. The completion of this Application without issuance of a Policy and Certificate by the Nova Casualty Company does not bind any coverage.

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Nova Casualty Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is **not basic and traditional health insurance or major medical coverage and is not designed to serve as a substitute for such basic health insurance or major medical coverage.** This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at: _____
(City, State)

By: _____
(Authorized Policyholder Signature/Title)

On: _____
Date (mm/dd/yyyy)

By: _____
(Printed Agent/Broker Name)

(Signature of Agent/Broker)

To be Completed by Nova Casualty

On _____
Date (mm/dd/yyyy)

By _____
Home Office

Plan Effective Date _____

Nova Casualty Company
726 Exchange Street, Buffalo, New York 14210

GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE

[Employer Groups Only: Named Insured/Certificate Holder: [John Employee]]

[Association Groups: Named Insured: [Association Member]]

Certificate Schedule Number: [123]

Group Policy Number: [12345]

Policy Holder: [XYZ Company] [XYZ Association]

Certificate Effective Date: [January 1, 2009]

Certificate Anniversary Date: [January 1, of each year]

Open Enrollment Period: [January 1] through [December 31] during each Policy Year

1. Description of Eligible Classes

[[I. - All employees of [XYZ Company] who are working a minimum of [15 – 20] hours per week.]

[Active Employment means the named insured is working at the worksite for earnings that are paid regularly, and he is performing the material and substantial duties of his regular occupation. Normal vacation is considered active employment. The worksite must be:

- . • At the usual place of business;
- . • An alternative worksite; or
- . • A location to which the named insured's job requires him to travel.]

[I. - All active members of [ABC Association] as determined by bylaws or charter of the Association]

[II. Dependents of Named Insured as defined in the Policy.]]

2. Eligibility Period: [31 days]

3. Waiting Period [0-90] days

4. Plan Type: [Employer/Association-Paid – Employer/Association Contributions 1 - 100 %] [Voluntary]

5. Covered Persons: [Named Insured] [Named Insured and Spouse] [Family]

6. Benefits:

[Accident Medical Benefit	
Accident Medical Benefit Deductible	[\$[250] per Policy Year per Covered Person
Accident Medical Benefit	[80]%
Accident Medical Maximum Benefit	[\$[500] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$[300] per day of confinement
Maximum Benefit	[60] days per Policy Year per Family]

[Hospital Intensive Care Unit Confinement Benefit	
Maximum Benefit	Up to [15] days per Policy Year per Family]
[Surgery Benefit With Anesthesia	
Maximum Benefit per Surgery	[25% - 250%] of the Surgical Schedule
Maximum Benefit	[\$3,500]] per Policy Year per Family]
Coverage for procedures not specifically listed in the schedule and not otherwise excluded by the policy and benefits shall be consistent with the benefits for comparable procedures.	
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$200] per day of confinement
Maximum Benefit	Up to [60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$250 - \$2,000] per admission
Maximum Benefit	[\$2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$50] per visit
Maximum Benefit	[3] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$50] per Test
Maximum Benefit	[1] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$50] per Visit
Maximum Benefit	[3] Visits per Policy Year per Covered Person]
[Diagnostic Tests, X-ray and Laboratory Benefit	
Diagnostic Test Benefit	[\$100] per Test/X-Ray/Laboratory Test
Maximum Benefit	[3] Tests per Policy Year per Covered Person]
[Prescription Benefit	
Prescription Benefit	[\$20] per prescription
Maximum Benefit	[2] prescriptions per month per Covered Person]
[Ambulance Benefit	
Ambulance Benefit	[\$100] per covered sickness/accident per Covered Person
Maximum Number of Benefits	[3] per Policy Year per Family.]
[Mental Health Benefit	
Mental Health Inpatient Benefit	[\$50] per day
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family
Mental Health Outpatient Benefit	[\$50] per treatment
Mental Health Outpatient Maximum Benefit	[\$700] per Policy Year per Family]
[Chemical Abuse and Dependence Diagnosis and Treatment Benefit	
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$100] per day
Detoxification Maximum Benefit	[7] Days of Active Treatment per Policy Year per Family

Inpatient Rehabilitation Maximum Benefit	[30] Days per Policy Year per Family]
[Accidental Death [and Dismemberment Benefit]	
Accidental Death Benefit	[\$5,000] per Policy Year per Covered Person
[Dismemberment Benefit	\$[5,000] per Policy Year per Covered Person Loss of both Hands or Both Feet – 100% Loss of Sight of Both Eyes – 100% Loss of one Hand and One Foot – 75% Loss of One Hand and Sight of One Eye – 50% Loss of One Foot and Sight of One Eye – 50% Loss of One Hand – 25% Loss of Sight of One Eye – 25%]]
[Dental Benefit	
Dental Benefit Deductible	[\$50.00] per Policy Year per Covered Person
<u>Procedure Number</u>	<u>Description of Services</u> <u>Maximum Covered Charge</u>
PREVENTIVE PROCEDURES	
ORAL EXAMINATIONS	
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit \$[17.00]
D0140	Limited oral evaluation/problem focused \$[27.00]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year) \$[27.00]
D9110	Palliative (Emergency) treatment, per visit \$[38.00]
X-RAY AND PATHOLOGY	
(Except for injuries, covered charge includes examination and diagnosis.)	
D0210	Intraoral (including bitewings) (limited to once every 3 years) \$[40.00]
D0220	Intraoral - Single film/initial \$[7.00]
D0230	Intraoral - Each additional \$[7.00]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months) \$[10.00]
D0250	Extraoral – Single film/initial \$[11.00]
D0260	Extraoral - Each additional \$[9.00]
D0270	Bitewing – Single film (limited to once every 6 months) \$[8.00]
D0272	Bitewing films, 2 films (limited to once every 6 months) \$[12.00]
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D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months) \$[30.00]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months) \$[20.00]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months) \$[12.00]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months) \$[12.00]
D1351	Sealant, per tooth \$[16.00]
BASIC PROCEDURES	
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH	
D2140	Amalgam - 1 surface \$[35.00]
D2150	Amalgam - 2 surfaces \$[45.00]
D2160	Amalgam - 3 surfaces \$[56.00]
D2161	Amalgam - 4 or more surfaces \$[64.00]
SYNTHETIC RESTORATIONS	
D2330	Resin-based composite - 1 surface, anterior \$[42.00]
D2331	Resin-based composite - 2 surfaces, anterior \$[55.00]
D2332	Resin-based composite - 3 surfaces, anterior \$[67.00]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior \$[71.00]
D2390	Resin-based composite crown - anterior primary \$[77.00]
D2391	Resin-based composite - 1 surface, posterior \$[50.00]
D2392	Resin-based composite - 2 surfaces, posterior \$[68.00]

D2393	Resin-based composite - 3 or more surfaces, posterior	\$[85.00]
ORAL SURGERY		
(Includes local anesthesia and routine post-operative care).		
EXTRACTIONS		
D7140	Extraction - Erupted tooth of exposed root	\$[39.00]
D7220	Removal of impacted tooth – Soft tissue	\$[45.00]
D7230	Removal of impacted tooth – Partially bony	\$[70.00]
D7240	Removal of impacted tooth – Completely bony	\$[85.00]
D7241	Removal of impacted tooth – Completely bony with unusual surgical complications	\$[85.00]
D7250	Surgical removal of residual tooth roots	\$[30.00]
D7510	Incision and drainage of abscess	\$[45.00]
D9220	General anesthesia	\$[52.00]
PERIODONTICS		
D4341	Periodontal scaling and root planing, per quadrant	\$[72.00]
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$[50.00]
D4910	Periodontal maintenance procedures following active therapy, periodontal prophylactic	\$[3.00]
ENDODONTICS (excluding final restoration)		
D3220	Therapeutic pulpotomy	\$[125.00]
D3310	Complete root canal therapy - Anterior	\$[125.00]
D3320	Complete root canal therapy – Bicuspid	\$[135.00]
D3330	Complete root canal therapy - Molar	\$[140.00]
[Term Life Benefit		
		\$[5,000] per Covered Person.]
{[Riders]		
Ambulatory Care Rider		
Ambulatory Care Benefit		\$[250]
Maximum Benefit		
Rider Effective Date		
Hospice Treatment Rider		
Hospice Treatment Benefit		
Maximum Benefit		
Nursing Home Care Rider		
Nursing Home Benefit		
Maximum Benefit}		

- 7 Pre-existing Condition Limitation Period [12] months following the effective date of coverage under this Policy
8. Rates: See Attached Rate Sheet
9. Rate Guarantee Period: A change in premium rate will not take effect before [12] months after the policy effective date

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

THE INSURANCE EVIDENCED BY THIS CERTIFICATE PROVIDES LIMITED BENEFITS HEALTH INSURANCE ONLY. IT DOES NOT PROVIDE BASIC HOSPITAL; BASIC MEDICAL; MAJOR MEDICAL; MEDICARE SUPPLEMENT; LONG TERM CARE; NURSING HOME INSURANCE ONLY; HOME CARE INSURANCE ONLY OR NURSING HOME AND HOME CARE.

CERTIFICATE OF COVERAGE

Issued under the terms of

Group Insurance Policy Number: [12345]

**Issued to: [XYZ Company][XYZ Association]
(herein called the Policy Holder)**

Policy Date: [January 1; 2009]

Nova Casualty Company hereby certifies that members of the class(es) eligible for insurance are insured under the above Policy as determined by the Eligibility and Effective Date provisions. Eligible Classes are defined in the Certificate Schedule.

This Certificate is evidence of insurance provided under the Policy. All benefits are paid according to the terms of the Policy. This Certificate describes the essential features of the insurance coverage.

In this Certificate; the words "Named Insured" or "You" or "Certificate Holder" means a member of an eligible class as described on the Certificate Schedule; who is insured under the Policy and for whom premiums are remitted. The words Covered Person refer to any person covered under the Policy as described on the Certificate Schedule. The words We; Us; Our or Company refer to Nova Casualty Company. Policy means the Group Limited Benefits Accident and Sickness Health Insurance contract owned by the Policy Holder and available for review by You. If the terms of Your Certificate of coverage and the Policy differ; the Policy will govern.

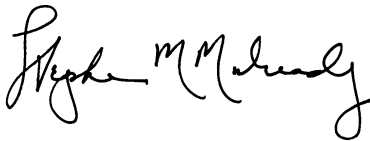
The Policy and this Certificate may be changed in whole or in part or cancelled as stated in the Policy. Such action may be taken without the consent of or notice to any Covered Person. Only an authorized officer at Our home office can approve a change. The approval must be in writing and endorsed on or attached to the Policy. No other person; including an agent; may change the Policy or Certificate or waive any of its provisions. Premiums are subject to periodic changes.

The male pronoun includes the female whenever used.

This Policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

TO OBTAIN INFORMATION ABOUT THIS POLICY; CALL OUR TOLL FREE NUMBER: 1-866-633-6945

Nova Casualty Company:



Stephen Mulready
President



Craig Rappaport
Secretary

This is a Group Limited Benefits Accident and Sickness policy. This is not a basic hospital; basic medical or major medical insurance.

Please READ YOUR POLICY CAREFULLY.

**THE POLICY IS CANCELLABLE AT THE OPTION OF THE COMPANY.
PLEASE READ THE TERMINATION PROVISION.**

This is Not Medicare Supplement Coverage

TABLE OF CONTENTS

CERTIFICATE OF COVERAGE.....	1
TABLE OF CONTENTS	2
GENERAL DEFINITIONS.....	4
ELIGIBILITY AND EFFECTIVE DATE.....	6
DESCRIPTION OF BENEFITS.....	7
LIMITATIONS AND EXCLUSIONS.....	12
Additional Limitations and Exclusions.....	12
TERMINATION OF INSURANCE.....	13
GENERAL PROVISIONS	13
HOW TO FILE A CLAIM/CLAIM PROVISIONS.....	14

CERTIFICATE SCHEDULE

The benefit specifications are shown on the following attachment(s) which are hereby made a part of this Certificate:

NOVA GRP LM 2008-SCHED Certificate Schedule

GENERAL DEFINITIONS

Additional definitions may be contained in other Certificate benefit provision or any endorsement or rider.

Accident

Accident means an unintended or unforeseen bodily injury sustained by a Covered Person; wholly independent of disease; bodily infirmity; illness; infection; or any other abnormal physical condition.

Charges or Loss

Charge or Loss or Charges or Losses if plural refer to expenses incurred by a Covered Person due to a Covered Accident or Covered Sickness which is covered under this Policy or Certificate.

Confined or Confinement

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital or a licensed Skilled Nursing Facility on the advice of a Physician or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Covered Accident

A *Covered Accident* is an Accident which:

- causes a Loss which results in covered medical or health care treatment after the Certificate Effective date shown on the Certificate Schedule and ;
- causes a Loss which results in covered medical or health care treatment while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Covered Person(s). You and Your Dependents who are insured under the Group Policy.

Covered Sickness

A *Covered Sickness* means a Sickness which:

- causes a Loss which results in covered medical or health care treatment after the effective date shown on the Certificate Schedule and;
- causes a Loss which results in covered medical or health care treatment while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Doctor or Physician

A *Doctor or Physician* means a legally qualified practitioner of the healing arts acting within the scope of his or her license and is not an Immediate Family Member.

For purposes of this definition; Immediate Family Member means a Covered Person's Spouse; son; daughter; mother; father; sister; or brother.

Experimental/Investigational

A drug; device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug; device; medical care or treatment states or indicates that the drug; device; medical care or treatment is part of a clinical trial; experimental phase or investigational phase or if such a consent document is required by law;
- The drug; device; medical care or treatment or the patient informed consent document utilized with the drug; device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function; or if federal or state law requires such review and approval;
- Reliable evidence shows that the drug; device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials; is the research; experimental study or investigational arm of ongoing Phase III clinical trials; or is otherwise under study to determine the maximum tolerated dose; its toxicity; its safety; its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug; device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug; device; medical care or treatment. Benefits will be considered in accordance with the drug or device at the time it is given or when medical care is received.

Hospital

A *Hospital* means a short-term; acute general hospital that is:

- primarily engaged in providing; by or under continuous supervision of physicians; to inpatients diagnostic and therapeutic services for diagnosis; treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a physician or dentist;
- provides 24 hour nursing care by or under the supervision of RNs;
- has in effect a hospital review plan applicable to all patients which meets at least the standards set forth in Section 1861(k) of the United States Public Law 89-97 (42 USCA 1395x[k]);

- is duly licensed by the agency responsible for licensing such hospitals; and
- is not; other than incidentally; a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts; alcoholics; or a place for convalescent; custodial; educational or rehabilitary care.

Hospital Intensive Care Unit

A *Hospital Intensive Care Unit* means a place which:

- is a specifically designated area of the Hospital called an Intensive Care Unit that is restricted to patients who are critically ill or injured and who require intensive; comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms; beds and wards customarily used for patient Confinement
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Intensive Care Unit on a 24-hour basis; and
- has a Physician assigned to the Intensive Care Unit on a full-time basis.

A Hospital Intensive Care Unit that meets the definition above may include Hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;
- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit;
- Transplant Unit.

A Hospital Intensive Care Unit is not any of the following step-down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- a sub-acute Intensive Care Unit;
- an Observation Unit; or
- any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this Certificate.

Medically Necessary

Medically Necessary means a service or supply that is necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Covered Person or provider;
- it is not appropriate treatment for the Covered Person's diagnosis or symptoms;

- it exceeds in scope; duration or intensity that level of care which is needed to provide safe; adequate and appropriate diagnosis or treatment; or
- it is experimental/investigational treatment.

The fact that a Physician may prescribe; order; recommend or approve a service or supply does not; of itself; make the service or supply Medically Necessary.

Named Insured

A *Named Insured* is a person who is a member of an eligible class and holds a certificate of coverage.

Observation Unit

An *Observation Unit* is a specified area within a Hospital; apart from the emergency room; where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Physician; and which

- is under the direct supervision of a Physician or registered nurse; and
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week; 24 hours per day.

Policy Year

Policy Year means a consecutive 12-month period or any part of such period; beginning on the Certificate Effective Date and ending on the Certificate Anniversary Date as shown on the Certificate Schedule.

[Pre-existing Condition

Pre-existing condition means a condition (whether physical or mental); regardless of the cause of the condition; for which medical advice; diagnosis; care or treatment was recommended or received from a physician within a [6/12] month period preceding the effective date of coverage of the Covered Person.]

Sickness

Sickness means an illness; infection; disease or any other abnormal physical condition not caused by an Accident.

Skilled Nursing Facility

Skilled Nursing Facility means a facility that is operated pursuant to law and is primarily engaged in providing room and board accommodations and skilled nursing care under the supervision of a duly licensed Physician.

Waiting Period

Waiting period means the period of time during which benefits are not paid. The Waiting Period for this policy is [0-30] days. The Waiting Period and the pre-existing condition exclusion period; if any; will be satisfied concurrently.

ELIGIBILITY AND EFFECTIVE DATE

Effective Dates of Coverage

Your coverage under the Policy will start at 12:01 a.m. Standard Time on the effective date of coverage shown on Your Certificate Schedule.

Eligibility

To be eligible to enroll in the coverage; an individual must:

- be a member of an Eligible Class as defined on the Certificate Schedule; and
- satisfy the Waiting Period shown on the Certificate Schedule; if applicable.

Enrollment

An individual who is a member of an Eligible Class may enroll for coverage during the Eligibility Period; as shown on the Certificate Schedule that follows the later of:

- the Certificate Effective Date;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the Waiting Period shown on the Certificate Schedule; if applicable.

An individual who fails to enroll during the Eligibility Period may enroll only during the Open Enrollment Period shown on the Certificate Schedule and may be subject to evidence of individual insurability at the option of Us.

Delayed Effective Date of Coverage

The effective date of any Named Insured's coverage and the coverage of his Spouse; Family and dependants; if any; will be delayed for any Named Insured if they are not a member of an Eligible Class on the Certificate Effective Date shown on the Certificate Schedule. The coverage will be effective on the date that the Named Insured returns to status as a member of an Eligible Class entitled to coverage under this Policy.

Who is Covered By This Certificate

If this is coverage on the Named Insured only as shown on the Certificate Schedule; We insure You; the Named Insured.

If this is coverage on the Named Insured and Spouse as shown on the Certificate Schedule; We insure You and Your Spouse.

If this is coverage for family coverage as shown on the Certificate Schedule; We insure You; Your Spouse (if applicable); and Your Dependent children.

Spouse means the person legally married to You on the day We issue Your Certificate.

Dependent children means any unmarried natural children; step-children; legally adopted children or children placed into Your legal custody for adoption who are under the age of 25 years of age

Legally Adopted children and step children will be eligible for coverage on the same basis as natural children.

Coverage on a Dependent child will continue for a covered student who takes a leave of absence from school due to illness for a period of 12 months from the last day of attendance in school. However; coverage will not continue beyond the age at which coverage would otherwise terminate. In order to qualify for this continuation; the medical necessity of a leave of absence from school must be certified to by the student's attending Physician. Written documentation of the illness must be submitted to Us.

Coverage for the Named Insured's newborn children:

Subject to the notification requirements of the section entitled; "**Coverage for all newly acquired Dependents**"; a child born to You or Your insured Spouse will automatically become insured as a Dependent. The child must be born to the Named Insured or to his Spouse while this Policy is in force. We will cover each newborn child from the moment of birth. Such coverage includes:

- the necessary care and treatment of medically diagnosed congenital defects;
- birth abnormalities;
- prematurity'

Coverage for the Named Insured's adopted child(ren):

Subject to the notification requirements of the section entitled; "**Coverage for all newly acquired Dependents**"; a child adopted by You or Your insured Spouse will automatically become insured as a dependent. The effective date of the coverage will be the earlier of:

- the date of placement for the purpose of adoption; or
- the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption.

Coverage for adopted children will be to the same extent as is provided for other covered dependent children and will include the necessary care and treatment of pre-existing medical conditions.

Coverage will continue for the adopted child unless the placement is disrupted prior to the final adoption; and

- the child is permanently removed from placement;
- the legal obligation terminates; or
- You rescind; in writing; the agreement of adoption or agreement assuming financial responsibility.

Coverage for all newly acquired Dependents:

For each newborn; step child and/or adopted child; You must:

- notify Us in writing of the birth or placement in Your residence within 31 days of this occurrence; and
- complete the required application for him or her; and
- pay the required premium for him or her; if any.

For coverage to continue beyond the first 31 days; premium and notification must be received.

DESCRIPTION OF BENEFITS

All Benefits covered under this Policy and Certificate are subject to all of the provisions; Limitations and Exclusions of this Policy and Certificate. The Loss or Charges must have been incurred in the United States of America for coverage to apply under this Policy or Certificate.

[ACCIDENT MEDICAL BENEFIT

We will pay the Accidental Medical Benefit shown on the Certificate Schedule; if any Covered Person incurs Charges as a result of a Covered Accident. The Accident Medical Benefit and Covered Charges are subject to:

- The Accident Medical Benefit Deductible which is the amount You must pay per Covered Person per Policy Year before this Benefit is payable by Us;
- The Accident Medical Benefit percent which is the percentage of the Covered Charge We will pay if a Loss is covered under this Accident Medical Benefit;
- The Accident Medical Maximum Benefit amount which is the maximum benefit We will pay in total for this Benefit under this Policy if a Loss is covered under this Accident Medical Benefit;
- The Deductible; Accident Medical Benefit percent and Maximum Benefit for the Accident Medical Benefit are shown in the Certificate Schedule.

Covered Charges for this benefit are limited to the following:

- Hospital room and board and general nursing services;
- Hospital miscellaneous expense for medical services and supplies including emergency services;
- operating and recovery room;
- Physician Charges for medical treatment including performing a surgical procedure;
- diagnostic tests performed by a Physician including laboratory fees and x-rays;
- the cost of giving an anesthetic;
- a private duty nurse;
- prescription drugs;
- rental of durable medical equipment (if the purchase price is less than the rental; the maximum amount payable will be the purchase price);

- artificial limbs; eyes and other prosthetic devices; except replacement;
- casts; splints; trusses; crutches and braces; except dental braces;
- oxygen and rental of equipment for the administration of oxygen;
- physiotherapy given by a licensed physical therapist acting within the scope of their license.

If any other Benefit under this Policy (the "Other Policy Benefit") covers any Loss which is also covered under this Accident Medical Benefit; the Other Policy Benefit will pay the Covered Person for the Loss and this Accident Medical Benefit will pay for the Loss only after the other Benefits available under this Policy have been exhausted.]

[HOSPITAL CONFINEMENT BENEFITS

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit; shown on the Certificate Schedule; if any Covered Person incurs Charges for and is Confined in a Hospital for more than 20 consecutive hours due to injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital must begin while the coverage is in force.

We will pay the amount shown on the Certificate Schedule for Hospital Confinement Benefit for each day the Covered Person is confined; up to the Hospital Confinement Maximum Benefit shown on the Certificate Schedule. The Hospital Confinement Maximum Benefit is the number of days listed in the Certificate Schedule that the Hospital Confinement Benefit will be paid per day of confinement per Policy Year per Family.

We will not pay this benefit for:

- emergency room treatment; or
- any form of outpatient treatment; or
- Confinement to a Hospital or Observation Unit of less than 20 hours; or
- Confinement to a Hospital that commenced prior to the Certificate Effective Date or the Policy Effective Date.

We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit concurrently. If both the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit cover any Loss; only the Hospital Intensive Care Unit Confinement Benefit will cover the Loss and the Hospital Confinement Benefit will not provide coverage for the Loss until and unless the Hospital Intensive Care Unit Confinement Benefit Maximum has been reached.

We will not pay for this Hospital Intensive Care Unit Confinement Benefit for the birth of a newborn child of any Covered Person following birth unless the confinement to any Hospital Intensive Care unit is required because the child is injured or sick. In such case; the Hospital Intensive Care Unit Benefit will only

apply after the first three consecutive days of the confinement.

Written proof of Loss should include a Hospital bill verifying the patient's name; the dates of Hospital Confinement; the diagnosis and the Charges incurred.】

[HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT

We will pay the Hospital Intensive Care Unit Confinement Benefit; shown on the Certificate Schedule; if any Covered Person incurs Charges for and is Confined to a Hospital Intensive Care Unit as the result of injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital Intensive Care Unit must begin while the coverage is in force.

We will pay the Hospital Intensive Care Unit Confinement Benefit amount shown on the Certificate Schedule for each day the Covered Person is Confined; up to the Hospital Intensive Care Unit Maximum Benefit shown on the Certificate Schedule. The Hospital Intensive Care Unit Confinement Maximum Benefit is up to the number of days listed in the Certificate Schedule that the Hospital Confinement Benefit will be paid per day of confinement per Policy Year per Family.

If any Covered Person is confined to a Hospital Intensive Care Unit that does not meet the definition in this Policy or Certificate of a Hospital Intensive Care Unit; We will pay the Hospital Confinement Benefit up to the Maximum Benefit shown on the Certificate Schedule. We will not pay the Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement benefit concurrently. If both the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit cover any Loss; only the Hospital Intensive Care Unit Confinement Benefit will cover the Loss and the Hospital Confinement Benefit will not provide coverage for the Loss until and unless the Hospital Intensive Care Unit Confinement Benefit Maximum has been reached.

We will not pay for any Hospital Confinement for the birth of a newborn child of any Covered Person following birth unless the Hospital Confinement is required because the child is injured or sick. In such case; the Hospital Confinement Benefit will only apply after the first three consecutive days of confinement.

Written proof of Loss should include a Hospital bill verifying the patient's name; the dates of Hospital Confinement; the diagnosis and the Charges incurred.】

[SURGERY WITH ANESTHESIA BENEFIT

We will pay the Surgery With Anesthesia Benefit shown on the Certificate Schedule; if any Covered Person undergoes a surgical procedure due to a Covered Accident or Covered Sickness. The procedure must be performed by a Physician using anesthesia administered

by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA). If a Covered Person has more than one surgical procedure performed at the same time or on the same day as caused by a Covered Accident or Covered Sickness; We will pay for only one surgical procedure; even if caused by more than one Accident or Sickness. In such case; We will pay the surgical procedure that has the highest dollar value. The surgical procedure must occur while the coverage is in force.

The Anesthesia Benefit is the Surgery With Anesthesia Benefit times the percentage shown in the Certificate Schedule.

Multiple surgical procedures performed during the same operative session and through the same incision shall be reimbursed in an amount set forth in the Certificate Schedule for the most expensive procedure then being performed; and the lesser expensive procedures shall not be covered. Multiple surgical procedures performed during the same operative session but through different incisions shall be reimbursed for all such procedures as follows: The most expensive procedure then being performed shall be reimbursed at the amount set forth in the Certificate Schedule and any other procedures at an amount equal to 50 percent of the amount set forth in the Certificate Schedule for these procedures.

Written proof of Loss should include the surgeon's and the anesthesiologist's or certified registered nurse anesthetist's (CRNA's) itemized statement(s) verifying the patient's name; the surgical procedure code(s); the date of treatment; the diagnosis and the Charges incurred.

This Benefit is subject to the Surgery Maximum Benefit shown on the Certificate Schedule which applies per Policy Year per Family.

This Benefit will not be paid for surgeries performed without anesthesia.】

[SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit; shown on the Certificate Schedule; if any Covered Person incurs Charges for and is Confined in a Skilled Nursing Facility for more than 20 consecutive days due to injuries received in a Covered Accident or due to a Covered Sickness. Payment of this benefit will be in lieu of any Hospital Confinement Benefit. Hospital Confinement Benefit and Hospital Intensive Care Unit Confinement Benefit is not covered where Skilled Nursing Facility Benefit provides coverage for any Covered Accident or Covered Sickness.

We will pay the Skilled Nursing Facility Benefit; shown on the Certificate Schedule; for each day the Covered Person is Confined; up to the Skilled Nursing Maximum Benefit shown on the Certificate Schedule.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit or Skilled Nursing Facility.

We will not pay the Skilled Nursing Facility Benefit; if the Covered Person is confined to a Hospital or Hospital Intensive Care Unit.]

[HOSPITAL ADMISSION BENEFIT

We will pay the Hospital Admission Benefit shown on the Certificate Schedule; if any Covered Person incurs Charges and is admitted to a Hospital as the result of injuries received in a Covered Accident or Covered Sickness while this coverage is in force.

If a Covered Person is admitted to a Hospital and is discharged and admitted again for the same or related condition within 90 days; We will treat this later Hospital admission as a continuation of the previous Confinement. If more than 90 days have passed between the periods of Hospital Confinement; We will treat this later admission as a new and separate admission.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- A stay of less than 20 hours in an Observation Unit or Hospital.]

This benefit is subject to the Hospital Admission Benefit Maximum Benefit; shown on the Certificate Schedule; which applies per Policy Year per Family.

[DOCTOR'S OFFICE VISIT BENEFITS

Doctor's Office Visit

We will pay the Doctor's Office Visit Benefit shown on the Certificate Schedule; if any Covered Person incurs Charges for and requires a Doctor's office visit due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the Waiting Period. No benefits will be paid for visits during the Waiting Period.

Services that result in Charges must be rendered by a licensed Physician acting within the scope of their license.

We will pay the Doctor's Office Visit Benefit amount per visit shown on the Certificate Schedule; up to the Doctor's Office Visit Benefit Maximum Benefit; shown on the Certificate Schedule; which applies per Policy Year per Covered Person.

Written proof of Loss should include bills verifying the patient name; the date of treatment; the diagnosis and the Charges incurred.]]

[PREVENTIVE CARE TEST BENEFIT

We will pay the Preventive Care Test Benefit shown on the Certificate Schedule; if any Covered Person incurs Charges for and has one of the preventive care tests listed below performed:

- while the coverage is in force; and
- after the Waiting Period. No benefits will be paid for a Preventive Care Test performed during the Waiting Period.

This Benefit is not subject to the limitations and exclusions listed in the Limitations and Exclusions section of this Policy.

We will pay the Preventive Care Test Benefit listed on the Certificate Schedule for one of only the following Preventive Care Tests (also referred to as "Tests" or "Test")

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Colonoscopy or virtual colonoscopy
- Eye exam performed by a licensed optometrist or ophthalmologist
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear or Thin Prep Pap Test
- Serum Protein Electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography

Benefits for any type of Colonoscopy Test which includes virtual colonoscopy Test are limited to one test per Policy Year per Covered Person.

This benefit is subject to the Preventive Care Test Benefit Maximum Benefit shown on the Certificate Schedule which applies per Policy Year per Covered Person.

This benefit shall not provide coverage if any test is covered also under the Diagnostic; X-Ray and Laboratory Test Benefit.

Written proof of Loss should include a billing statement from the medical provider conducting the test; verifying the patient's name; the type of Preventive Test performed and the date of treatment.]]

[URGENT CARE/EMERGENCY ROOM VISIT BENEFIT

We will pay the Urgent Care/Emergency Room Benefit; shown on the Certificate Schedule if any Covered Person incurs Charges for and requires medical care from an urgent care facility or emergency room due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the Waiting Period. No benefits will be paid for visits during the Waiting Period.

Services must be rendered by a licensed Physician.

We will pay the Urgent Care/Emergency Room Benefit amount shown on the Certificate Schedule; up to the Urgent Care/Emergency Room Benefit Maximum Benefit; shown on the Certificate Schedule; which applies to the number of visits listed in the Certificate Schedule per Policy Year per Covered Person.

Written proof of Loss should include bills verifying the patient name; the date of treatment; the diagnosis and the Charges incurred]

[DIAGNOSTIC; X-RAY AND LABORATORY TESTS BENEFIT

We will pay the Diagnostic; X-Ray and Laboratory Test Benefit shown on the Certificate Schedule when any Covered Person incurs Charges for diagnostic; x-ray and/or laboratory testing caused by a Covered Accident or Covered Sickness.

Benefits are payable per test. This Benefit will pay the Diagnostic Test Benefit listed in the Certificate Schedule per test. This benefit is subject to:

- the Maximum Benefit which applies per Policy Year per Covered Person.

The Diagnostic; X-Ray and Laboratory Test Benefit must be performed:

- while the coverage is in force;
- in a Hospital; ambulatory surgical center or Licensed Physician's office; and
- after the Waiting Period. No benefits will be paid for a diagnostic test performed during the Waiting Period.

The Diagnostic; X-Ray and Laboratory Test Benefit must be ordered by a Physician because of a Covered Accident or Covered Sickness.

We will not pay the Preventive Care Test Benefit and the Diagnostic; X-Ray and Laboratory Test Benefit concurrently. If the Diagnostic; X-Ray and Laboratory Test Benefit and the Preventative Test Benefit cover any Charge at the same time; the Diagnostic; X-Ray and Laboratory Test Benefit will provide coverage and the Preventative Test Benefit will not provide coverage for such Charge.

Benefits for any type of colonoscopy Test which includes virtual colonoscopy test are limited to one test per Policy Year per Covered Person.

If any Covered Person has a Diagnostic Test; X-Ray or Laboratory Test in conjunction with a surgery which is covered and payable under the Surgery With Anesthesia benefit; We will pay only the Surgery With Anesthesia Benefit and not the Diagnostic; X-Ray and Laboratory Test Benefit.

Written proof of Loss should include a billing statement from the medical provider conducting the Diagnostic Test; verifying the patient's name; the type of Diagnostic Test performed; the diagnosis and the Charges incurred and the date of treatment.】

[PRESCRIPTION BENEFIT

We will pay the Prescription Benefit shown on the Certificate Schedule; which is incurred as a result of a Covered Accident or Covered Sickness where any Covered Person incurs Charges for and has a prescription dispensed for medication prescribed for the Covered Person:

- while the coverage is in force; and
- after the Waiting Period. No benefits will be paid for a prescription ordered or dispensed during the Waiting Period.

The prescription must be ordered by a licensed Physician and dispensed by a licensed pharmacist.

We will not pay this benefit for medication not requiring a prescription. Medication recommended by a Physician but which is available without a prescription (over the counter) will not be covered; even if the Physician writes a prescription for the over-the-counter medication.

This benefit is subject to the Prescription Benefit Maximum Benefit; shown on the Certificate Schedule; which applies to the number of prescriptions per Month per Covered Person.

Proof of Loss for the Prescription Benefit

Written proof of Loss should include a pharmacy detailed receipt or mail order pharmaceutical statement showing the patient's name; the name of the prescription drug(s); the date the prescription(s) was filled and the Charge(s) incurred.】

[AMBULANCE BENEFIT

We will pay the Ambulance Benefit shown on the Certificate Schedule; if a licensed professional ambulance company transports any Covered Person by ground or air transportation to or from a Hospital or between medical facilities; where treatment is received as the result of a Covered Sickness or Accident. The Covered Person must incur Charges while the coverage is in force for professional ambulance service to receive this Benefit. We will pay this amount once per Covered Sickness or Accident.

This Benefit is subject to the Ambulance Benefit Maximum Benefit; shown on the Certificate Schedule; which applies per Policy Year; per Family.]

[MENTAL HEALTH BENEFITS

Inpatient Benefits

For Covered Persons confined in-patient to a licensed Mental Health Facility due to Mental Illness; we will pay the Mental Health Inpatient Benefit shown on the Certificate Schedule; which applies per day; subject to the Mental Health Inpatient Maximum Benefit listed in the Certificate Schedule which applies per Policy Year per Family.

Outpatient Benefits

For Covered Persons seeking treatment for Mental Illness on an out-patient basis at a licensed Mental Health Facility; we will pay the Mental Health Outpatient Benefit shown on the Certificate Schedule; which applies per treatment; subject to the Mental Health Outpatient Maximum Benefit listed in the Certificate Schedule which applies per Policy Year per Family.

Mental Illness means any mental condition including but not limited to affective disorders; neuroses; anxiety; stress; adjustment reactions; Alzheimer's disease and other organic senile dementias.

We will not pay any Benefit for stays in a Half-Way house or other place that is not a licensed facility offering treatment for Mental Illness.]

[CHEMICAL ABUSE AND DEPENDENCY DIAGNOSIS AND TREATMENT BENEFIT

We will pay the Chemical Abuse and Dependency Diagnosis and Treatment Benefit shown on the Certificate Schedule; which applies per day for Covered Persons receiving services provided in facilities which are accredited by the joint commission on accreditation of hospitals as alcoholism; substance abuse or chemical dependence treatment programs; for the treatment of Chemical Abuse and Chemical Dependency.

Benefits for detoxification services as a consequence of chemical dependence are subject to the Detoxification Maximum Benefit; shown on the Certificate Schedule; which provides the number of days of active treatment per Policy Year per Family that are covered under this Policy.

Benefits for rehabilitation services are subject to the Rehabilitation Maximum Benefit; shown on the Certificate Schedule; which provides the number of days of inpatient care per Policy Year per Family that are covered under this Policy.

The term "chemical abuse" means alcohol and substance abuse.

[[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

[Accidental Death Benefit

We will pay the Accidental Death Benefit shown on the Certificate Schedule if any Covered Person is injured as the result of a Covered Accident; and the injury causes the Covered Person to die within 90 consecutive days after the Covered Accident.]

[Dismemberment Benefit

We will pay the Dismemberment Benefit amount shown on the Certificate Schedule if any Covered Person is injured as the result of a Covered Accident and sustains a dismemberment which occur within 90 consecutive days after the Covered Accident.

Only one amount; the Dismemberment Benefit; will be paid for all dismemberments resulting from one Covered Accident. We will pay the largest benefit amount to which the Covered Person is entitled is more than one covered dismemberment occurs.

Beneficiary

Payment for the Accidental Death Benefit will be made to the Covered Person; or in the event of his death of the Covered Person who receives Benefits under the Dismemberment Benefit; to the named beneficiary listed on the Enrollment Form or; if no beneficiary is named; to the estate of the deceased Covered Person. We have the option of paying the estate of the Covered Person when the identity of the beneficiary is reasonably in doubt.

Proof of Loss

We must be given written proof of Loss within 90 days after the covered Loss occurs. If an authorized representative is not able to give Us written proof of Loss within 90 days; it will not have a bearing on the claim if proof is given to Us as soon as it is reasonably possible except in the absence of legal capacity; and before one year after the Covered Accident. Written proof of Loss must include a claim form and if Loss is due to death of a covered person; a certified copy of the death certificate.

If benefits are payable to a Covered Person's estate; We can pay benefits up to \$1;000 to someone related to the Covered Person by blood or marriage who We feel is fairly entitled to them. If We do this; We will have no responsibility for this payment because We made it in good faith.

Change of Beneficiary

The Named Insured can ask Us to change their beneficiary at any time. The Insured should notify Us; and We will send him the form to complete. The request must be witnessed by someone other than his present beneficiary or his proposed beneficiary and returned to Us at Our home office. The change must be approved by Us. If approved; it will go into effect the day he signed the request. The change will not have a bearing on any payment We make before We receive it.]

[DENTAL BENEFIT

We will pay the Maximum Covered Charge for the corresponding Dental Procedure listed on the Certificate Schedule for any Covered Person receiving a dental procedure. Any dental procedures not listed on the Certificate Schedule is excluded from coverage under this Benefit. If one or more of the listed procedures would be appropriate for any dental procedure rendered to a Covered Person according to customary dental practice; then the Maximum Covered Charge will be the amount allowable for the lesser Charge of the procedures.

The Dental Benefit is payable only after the Dental Benefit Deductible is paid by the Covered Person. The Dental Benefit Deductible applies per Policy Year per Covered Person.]

[TERM LIFE BENEFIT

We will pay the Term Life Benefit shown on the Certificate Schedule for any Covered Person who dies while this coverage is in force and after the expiration of the Waiting Period. Within 90 days of the death; We must receive written proof of Loss which must include a death certificate. The death must occur in the United States of America.]

LIMITATIONS AND EXCLUSIONS

We will not pay Benefits under this Policy and Certificate for:

Medical or healthcare treatment; services; or supplies which:

- Are not Medically Necessary; or
- Are not prescribed by a licensed Doctor as necessary to treat sickness; illness or injuries including Mental Illness; or
- Are experimental or investigational in nature; except as required by law; or
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.
- Are rendered or supplied to the Named Insured outside the United States; its possessions or the countries of Canada and Mexico.

Additional Limitations and Exclusions

Except as specifically provided for in this Policy or any attached Riders; We will not pay Benefits for sickness or injuries that are caused by:

[Alcoholism or Drug Addiction]

Aviation; other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

[Dental Procedures –Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and

except for dental care or treatment necessary due to congenital disease or anomaly.]

Elective Procedures and Cosmetic Surgery – Cosmetic surgery; except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma; infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Eyeglasses; hearing aids and examination for the prescription or fitting thereof.

Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

[Manipulations of the Musculoskeletal System –care in connection with the detection and correction by manual or mechanical means of structural imbalance; distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof; where such interference is the result of or related to distortion; misalignment or subluxation or of or in the vertebral column.]

[Mental Illness – is a psychiatric or psychological condition including but not limited to affective disorders; neuroses; anxiety; stress and adjustment reactions. Mental Illness is not covered under this Policy. However; Alzheimer's disease and other organic senile dementias are covered under this Policy.]

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide; attempted suicide or intentionally self-inflicted injury.

War or Act of War. War or act of war (whether declared or undeclared; participation in a felony; riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the Loss committed the act of terrorism.

Worker's Compensation –benefits provide under any State or Federal workers' compensation; employers' liability or occupational disease law.

[Pre-existing Condition Limitation

There is no coverage for a pre-existing condition for a continuous period of [12] months following the effective date of coverage under this Policy.

This limitation does not apply to:

- genetic information in the absence of a diagnosis of the condition related to such information;

- a newborn child who is enrolled in the plan within 30 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 30-day period beginning on the date of birth; adoption or placement for adoption; is covered under creditable coverage;
- pregnancy; and
- an individual; and any dependent of such individual; who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has three months or more of creditable coverage.

In determining whether a pre-existing condition limitation applies; we will credit the time the covered person was previously covered under creditable coverage; if the previous creditable coverage was:

(a) a group health plan; (b) health coverage; (c) Part A or Part B of title XVIII of the Social Security Act; (d) Title XIX of the Social Security Act; other than coverage consisting solely of benefits under section 1928; (e) Chapter 55 of title 10; United States Code; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under chapter 89 of title 5; United States Code; (i) a public health plan; including health coverage provided under a plan established or maintained by a foreign country or political subdivision (as defined in regulations); (j) a health plan under section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)) and coverage under S-CHIP.]

TERMINATION OF INSURANCE

Termination of a Named Insured's Coverage

The Named Insured's Coverage will terminate on the earliest of the following dates:

- the date the Policy terminates; or
- midnight on the last day for which premium was paid if premium is not paid by the end of the Grace Period; or
- 90 days after the date written notice was provided to Us that the Named Insured is no longer included for insurance; or
- On the date the Named Insured asks Us in writing to end their coverage.

If we discontinue to offer this coverage to a particular class we will provide the class the option to purchase other coverage currently offered in such market without regard to the claims experience of the class or any health related status to any insureds covered or new insureds that may become eligible for such coverage.

Extension of Benefits

Termination of coverage will not affect any claim that began while the coverage was in force.

If a Covered Person is Confined in a Hospital on the date coverage terminates We will continue to pay any applicable Benefits subject to applicable Benefit

NOVA GRP LM 2008 CERT

Maximums; Deductibles; Policy Limitations and Exclusions; until the earlier of

- the date the Covered Person is discharged from the Hospital; or
- 90 days after the date the coverage terminates.

When Coverage Ends on the Named Insured's Spouse and/or Dependents

If this Policy provides coverage for the Named Insured and Spouse or two-parent family coverage whether other dependants are covered or not; coverage on the Named Insured's Spouse will end:

- if the Policy terminates;
- if the premiums are not paid for the Named Insured's Spouse when they are due;
- on the date the Named Insured asks Us to end their Spouse's coverage;
- on the date the Named Insured dies; or
- on the date the next premium is due after the Named Insured divorces their Spouse provided the Named Insured provides a Decree or Judgment of Divorce from a Court of competent jurisdiction in the United States of America.

If this Policy provides family coverage; coverage on the Named Insured's dependents will end:

- if this Policy terminates;
- if the premium is not paid for the Named Insured's dependents when it is due;
- on the date the Named Insured asks Us to end their Dependent coverage; or
- on the date the Named Insured dies.

Coverage will end on each Dependent child when they no longer qualifies as a Dependent as defined in the Certificate. It is the Named Insured's responsibility to notify Us if any Dependent no longer qualifies as an eligible Dependent. If this is family coverage and all of the dependents no longer qualify as eligible dependents and We are not notified; the extent of Our liability will be to refund premium for the time period for which they did not qualify. Coverage will not end on a Dependent child who reaches the limiting age if that child is incapable of self-sustaining employment by reason of mental illness; developmental disability; mental retardation as defined in the mental hygiene law or physical handicap and who became so incapable prior to the attainment of the age at which dependent coverage would otherwise terminate and who is dependent upon such employee or member for support and maintenance.

GENERAL PROVISIONS

Coverage Provided by the Policy

We insure a Covered Person for Loss according to the provisions of the Policy.

When making a Benefit determination under the Policy; We have discretionary authority to determine the Covered Person's eligibility for the benefits and interpret the terms and provisions of the Policy.

State Laws

Any provision of the Policy that; on the effective date; does not agree with state laws where the Named Insured lives will be amended to conform to the minimum requirements of those laws.

Incontestability

Validity of policy may not be contested after 2 years except for a) nonpayment of premiums; or if b) the disputed statement is in a written instrument signed by insured. Ineligibility of insured or enrollee under the policy may be disputed any time.

Notice of Enactment of Chapter 748 of the Laws of 2006: This required notice may be provided by US to the Policyholder for distribution to the individual certificate holders and members.

HOW TO FILE A CLAIM/CLAIM PROVISIONS

How to File a Claim

A claim form must be completed within 90 days after the covered Loss begins or as soon as it is reasonably possible. The claim form; along with proof of Loss; should be sent to Us at Our home office or as we otherwise instruct You in writing.

If the Named Insured does not have a claim form; he must give Us a written statement describing the Loss within 90 days after the covered Loss begins or as soon as it is reasonably possible. The statement should include his name and Certificate Schedule Number as shown in the Certificate Schedule. It must also include proof of Loss and how the Loss occurred. The Named Insured should send the statement to Us at Our home office. When We receive the statement describing the Loss; We will send him claim forms within 15 days. If he does not receive claim forms; his written statement along with the proof of Loss will be used to process his claim.

Proof of Loss

The Named Insured must give Us a written proof of Loss within 90 days after the covered Loss begins. If he is not able to give Us written proof of Loss within 90 days; it will not have a bearing on this claim if proof is given to Us as soon as it is reasonably possible; except in the absence of legal capacity.

Refer to the applicable benefit section(s) for written proof of Loss requirement.

Payment of Claim

Benefits will be paid to the Named Insured or to the designated beneficiary on record. If no named beneficiary is on record with us all or any part of the benefits owed will be paid to the estate. In lieu of paying benefits to the estate we may at our option pay benefits to any one or more of the following surviving relatives:

- spouse;
- mother;
- father
- child or children; and

- brothers or sisters.

If there are no survivors in any of these classes; we may pay benefits for expenses on account to a Hospital or Doctor's office or other person actually supporting him or her and who is deemed by us to be entitled to payment. Any payments made in good faith will end our liability to the extent of the payment.

Time of Payment of Claim

We will pay or deny each clean claim as follows:

(1) If the claim is filed electronically; within thirty (30) days after the date the claim is received by the insurer.

(2) If the claim is filed on paper; within forty-five (45) days after the date the claim is received by the insurer.

If we fail to pay or deny a clean claim in the time specified and if we subsequently pay the claim; we will pay the provider that submitted the claim interest on the claim amount. Interest will begin accruing: thirty-one (31) days after the date the claim is filed electronically; or forty-six (46) days after the date the claim is filed on paper; and will stop accruing on the date the claim is paid.

Clean claim means a claim submitted by a provider for payment under an accident and sickness insurance policy issued in Indiana that has no defect; impropriety; or particular circumstance requiring special treatment preventing payment.

Questions Concerning the Named Insured's Claim

If the Named Insured has questions concerning his claim; he can call Us at Our home office.

Physical Examinations

We can require that any Covered Person be examined by a Physician of Our choice at Our expense as often as it is reasonably necessary while his claim is pending.

Legal Action

We cannot be sued for benefits under the Policy until 60 days after written proof of Loss has been given as required by the Policy or the expiration of 3 years from the time We receive written proof of Loss.

Nova Casualty Company
726 Exchange Street, Suite 1020, Buffalo, New York 14210
1-866-633-6945

ARKANSAS AMENDATORY ENDORSEMENT

This amendatory endorsement is made a part of the Policy or Certificate to which it is attached and is subject to all terms and provisions of such Policy or Certificate not inconsistent herewith. This amendatory endorsement is applicable only to Insured Persons who are **residents** of the State of Arkansas on the Certificate Date and on the date the claim is incurred.

The **Coverage for the Named Insured's adopted child(ren)** provision is deleted in its entirety and replaced with the following:

Coverage for the Named Insured's adopted child(ren):

We will cover the Named Insured's adopted child(ren) from the moment of birth if You take physical custody of the infant upon the infant's release from the hospital and file a petition pursuant to Section 115-c of the Domestic Relations Law within sixty days of birth provided that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the Domestic Relations Law and consent to the adoption has not been revoked. However, coverage of the initial hospital stay shall not be required where a natural parent has insurance coverage available for the infant's care.

A child adopted by You or Your insured Spouse will automatically become insured as a dependent. The effective date of the coverage will be the earlier of:

- the date of placement for the purpose of adoption; or
- the date on which You assume a legal obligation for total or partial support of the child.

Coverage for adopted children will be to the same extent as is provided for other covered dependent children and will include the necessary care and treatment of pre-existing medical conditions.

Coverage will continue for the adopted child unless the placement is disrupted prior to the final adoption; and

- the child is permanently removed from placement;
- the legal obligation terminates; or
- You rescind, in writing, the agreement of adoption or agreement assuming financial responsibility.

For each newborn, step child and/or adopted child, You must:

- notify Us of his birth or placement in Your residence;
- complete the required application for him; and
- pay the required premium for him, if any.

If a newborn is not enrolled within 90 days of birth coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 90 days of notification of birth.

If an adopted child is not enrolled within 90 days of adoption coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 90 days of notification of placement for the purposes of adoption.

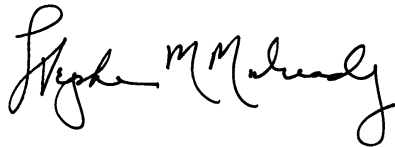
The **Time of Payment of Claim** provision is deleted in its entirety and replaced with the following:

Time of Payment of Claim

We will pay any benefits due not more than 30 days after We receive written proof of loss electronically or 45 days if the claim is submitted by other means.

There are no other changes to the certificate.

In Witness Whereof, We have caused this Endorsement to be signed by

A handwritten signature in black ink, appearing to read "Stephen Mulready". The signature is fluid and cursive, with the first name "Stephen" and last name "Mulready" clearly distinguishable.

Stephen Mulready
President

A handwritten signature in black ink, appearing to read "Craig Rappaport". The signature is more stylized and cursive than the one to its left, with the first name "Craig" and last name "Rappaport" being the primary components.

Craig Rappaport
Secretary

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210
1-866-633-6945

LIMITED BENEFIT HEALTH COVERAGE

Hospital Indemnity

OUTLINE OF COVERAGE

Read Your Policy Carefully--This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore important that you READ YOUR POLICY CAREFULLY.

Limited Benefit Health Coverage--Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

This policy provides an indemnity benefit for Hospital and other medical services described in your policy.

We will not pay Benefits under this Policy and Certificate for:

Medical or healthcare treatment; services; or supplies which:

- Are not Medically Necessary; or
- Are not prescribed by a licensed Doctor as necessary to treat sickness; illness or injuries including Mental Illness; or
- Are experimental or investigational in nature; except as required by law; or
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.
- Are rendered or supplied to the Named Insured outside the United States; its possessions or the countries of Canada and Mexico.

This policy is cancellable by You or Us as allowed in the Termination provision.

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210
1-866-633-6945

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE

According to information you have furnished, you intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by (insert company name) Insurance Company. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

(1) Pre-existing conditions may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

(2) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

(3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

(Date)

(Applicant's Signature)

<i>SERFF Tracking Number:</i>	<i>AIXG-125858216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>40722</i>
<i>Company Tracking Number:</i>	<i>NCC-AH-2008-157-F</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Accident and Health Policy Filing</i>		
<i>Project Name/Number:</i>	<i>Accident and Health Policy Filing/NCC-AH-2008-157-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AIXG-125858216 State: Arkansas
Filing Company: Nova Casualty Company State Tracking Number: 40722
Company Tracking Number: NCC-AH-2008-157-F
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Accident and Health Policy Filing
Project Name/Number: Accident and Health Policy Filing/NCC-AH-2008-157-F

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 11/06/2008
Comments:
Attachment:
Certification.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 11/06/2008
Bypass Reason: NA - the application being submitted is new. Therefore it has been attached under the Form Schedule Tab per the General Instructions.
Comments:

NOVA CASUALTY COMPANY
COMPLIANCE CERTIFICATION

I, Craig Rappaport, an officer of Nova Casualty Company acknowledge that we are in compliance with the following rules:

- Regulation and Rule 19
- Regulation and Rule 49
- Consumer Information Notice
- Our policy being submitted for approval scores a minimum of 40 on the Flesch Score scale. We have Flesch Scored our forms as a policy using Microsoft Word. Our policy consists of the following forms:
 - NOVA GRP LM 2008 POL – Master Policy
 - NOVA GRP LM 2008 APP – Policyholder Application
 - NOVA GRP LM 2008 ENRLFM – Enrollment Form
 - NOVA GRP LM 2008 CERT – Certificate of Coverage
 - NOVA GRP LM 2008 SCHED – Certificate Schedule
 - NOVA GRP LM 2008 SURG SCHED – Surgical Schedule
 - NOVA GRP LM 2008 END AR – Arkansas Amendatory
 - NOVA GRP LM 2008 OC AR – Outline of Coverage
 - NOVA GRP LM 2008 Replacement AR - Notice to Applicant Regarding Replacement of Accident and Health Insurance

Flesch Score: 44.6

Signature

Senior Vice President

Title

10/30/08

Date

<i>SERFF Tracking Number:</i>	<i>AIXG-125858216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>40722</i>
<i>Company Tracking Number:</i>	<i>NCC-AH-2008-157-F</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Accident and Health Policy Filing</i>		
<i>Project Name/Number:</i>	<i>Accident and Health Policy Filing/NCC-AH-2008-157-F</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Group Limited Benefits Accident and Sickness Health Insurance Enrollment Form	10/14/2008	NOVAGRPLM2008ENRLFM.pdf
No original date	Form	Policyholder Application for Group Limited Benefits Accident and Sickness Health Insurance	10/14/2008	NOVAGRPLM2008APP.pdf

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE ENROLLMENT FORM

GENERAL INFORMATION

Applicant/Proposed Named Insured: _____ Gender: _____ Date of Birth: _____ SSN: _____

Home Address: _____ Phone: _____

[Employer Groups Only:

Employer Name: _____

Employer Address: _____ Section/Dept. #: _____

Work Location of Employee: _____

Occupation/Job Title: _____ Employee Class: _____ Hire Date: _____ Hrs/Wk: _____

Annual Salary: \$ _____ Employee ID: _____ Business Phone: _____]

[Association Groups Only:

Association Name: _____

Member Class: _____ Join Date: _____

Member ID: _____ Section/Dept. #: _____]

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

{AD[&D] [and TERM LIFE] COVERAGE ELECTIONS*

Applicant: \$ _____ Spouse: \$ _____ Child(ren): \$ _____

AD[&D] Benefit ☐ Yes ☐ No

Term Life Benefit ☐ Yes ☐ No}

[Are you or any person to be covered Medicare eligible: ☐ Yes ☐ No

Have you received Guide to Health Insurance for People with Medicare? ☐ Yes ☐ No]

[SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

[*If you DO NOT ENROLL for AD&D Benefit and Term Life Benefit for you or your dependent(s) during the initial enrollment period, you will need to complete an evidence of insurability form, if required, for all amounts of coverage.]

{BENEFICIARY INFORMATION – Use where AD&D and Term Life Coverage is included}

Beneficiary Name	Relationship to Applicant	Age	SSN	Benefit %	Primary	Contingent
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Nova Casualty Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. ***This is not basic and traditional health insurance or major medical coverage and is not designed to serve as a substitute for such basic health insurance or major medical coverage.*** This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

NOVA GRP LM 2008 ENRLFM

This enrollment form is not a verification of existence of coverage and does not bind coverage. The coverage can only be bound by Nova Casualty Company upon issuance and delivery of a Group Policy and Certificate of Insurance.

Signed at: City _____ State _____

Date

Signature of Applicant

Nova Casualty Company

726 Exchange Street, Suite 1020, Buffalo, New York 14210

POLICYHOLDER APPLICATION FOR GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

1. Name of Employer/Association _____
2. Address (Street) _____
City: _____ State: _____ Zip Code: _____
3. Phone Number: _____ 4. Plan Administrator: _____
5. (a) Nature of Business/Association: _____
(b) For Associations Only: Mission/Purpose (must be other than Insurance) _____
6. Effective Date of Coverage: _____
7. Initial Enrollment: Start Date _____ Stop Date: _____
8. Subsequent Annual Enrollment Period, Subject to the Agreement of the Policyholder and Nova Casualty Company
Start Date _____ Stop Date: _____
9. Waiting Period Before Coverage is Effective (if any): ____ Days
If this is different by employee/member class or for the initial and future enrollments, please indicate: _____
10. Eligibility Period: _____
11. Eligible Class: _____

Employer Group

☐ All active employees working a minimum of {____} regularly scheduled hours per week, per year. (A minimum of [15 hours] per week is required.)

☐ Check here if there are any special eligibility requirements? (explain)

The participation requirement is the greater of [50] enrolled lives or [50%] of all active employees. If premium is non-contributory (meaning employer pays 100% of premium), then you must have 100% of eligible employees participating in this coverage. If contributory (meaning employee pays part of the premium), then not less than 50% of the eligible employees must enroll and not less than 50 eligible employees must enroll.

Number of eligible employees: _____ (Must be greater than 50). Number Enrolled: _____

Employer Premium Contribution:

Is there any employer premium contribution? ☐ Yes ☐ No

If yes, what percentage? _____ %

* Insured Employee Only: ☐ 100% ☐ 75% ☐ 50% ☐ ____ (other)

* Insured Employee and Spouse: ☐ 100% ☐ 75%

☐ 50% ☐ ____ (other)

* Family: ☐ 100% ☐ 75% ☐ 50%

* ☐ ____ (other)

Plan Applied For the Following Employee Class: _____]

[Association Group]

All active members of [ABC Association] as determined by bylaws or charter of the Association.

Number of eligible members: _____

Is there any association premium contribution? ☐ Yes ☐ No

If yes, what percentage? _____ %

* Insured Member Only: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

* Insured Member and Spouse: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

* Family: ☐ 100% ☐ 75%

☐ 50% ☐ _____ (other)

Plan Applied For the following Member Class: _____]

12. Policy Benefits Selected: (See Rate Manual for Options)

[Accident Medical Benefit	
Deductible	[\$250] per Policy Year per Covered Person
Accident Medical Benefit	[80]%
Maximum Benefit	[\$500] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$300] per day of confinement
Maximum Benefit	[60] days per Policy Year per Family]
[Hospital Intensive Care Unit Confinement Benefit	[\$600] per day of confinement
Maximum Benefit Period	Up to [15] days per Policy Year per Family]
[Surgery Benefit	
Maximum Benefit per Surgery	50% - 250%] of Surgical Schedule
Maximum Benefit	[\$3,500]] per Policy Year per Family]
Anesthesia Benefit	[25] % of surgical benefit.]
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$200] per day of confinement
Maximum Benefit	Up to [60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$250 - \$2,000] per admission
Maximum Benefit	[\$2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$50] per visit
Maximum Benefit	[3] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$50] per Test
Maximum Benefit	[1] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$50] per Visit
Maximum Benefit	[3] Visits per Policy Year per Covered Person]

[Diagnostic Tests, X-ray and Laboratory Benefit	
Diagnostic Test Benefit	[\$100] per day
Maximum Benefit	[3] Tests per Policy Year per Covered Person]
[Prescription Benefit	
Prescription Benefit	[\$20] per prescription
Maximum Benefit	[2] prescriptions per month per Covered Person]
[Ambulance Benefit	
Ambulance Benefit	[\$100] per covered sickness/accident per Covered Person
Maximum Number of Benefits	[3] per Policy Year per Family.]
[Mental Health Benefit	
Mental Health Inpatient Benefit	[\$50] per day
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family
Mental Health Outpatient Benefit	[\$50] per treatment
Mental Health Outpatient Maximum Benefit	[\$700] per Policy Year per Family]
[Chemical Abuse and Dependence Diagnosis and Treatment Benefit	
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$100] per day
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Family
Inpatient Rehabilitation Maximum Benefit	30 Days per Policy Year per Family
[Accidental Death [and Dismemberment Benefit]	
Accidental Death Benefit	[\$5,000]
[Dismemberment Benefit	[\$5,000]]]
[Dental Benefit	
Dental Benefit Deductible	[\$50.00] per Policy Year per Covered Person
<u>Procedure Number</u>	<u>Description of Services</u>
<u>Maximum Covered Charge</u>	
PREVENTIVE PROCEDURES	
ORAL EXAMINATIONS	
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit
	[\$17.00]
D0140	Limited oral evaluation/problem focused
	[\$27.00]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year)
	[\$27.00]
D9110	Palliative (Emergency) treatment, per visit
	[\$38.00]
X-RAY AND PATHOLOGY	
(Except for injuries, covered charge includes examination and diagnosis.)	
D0210	Intraoral (including bitewings) (limited to once every 3 years)
	[\$40.00]
D0220	Intraoral - Single film/initial
	[\$7.00]
D0230	Intraoral - Each additional
	[\$7.00]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)
	[\$10.00]
D0250	Extraoral – Single film/initial
	[\$11.00]
D0260	Extraoral - Each additional
	[\$9.00]
D0270	Bitewing – Single film (limited to once every 6 months)
	[\$8.00]
D0272	Bitewing films, 2 films (limited to once every 6 months)
	[\$12.00]
D0274	Bitewing films, 4 (limited to once every 6 months)
	[\$17.00]
PROPHYLAXIS AND FLUORIDE APPLICATIONS	
D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months)
	[\$30.00]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months)
	[\$20.00]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months)
	[\$12.00]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months)
	[\$12.00]

D1351	Sealant, per tooth	\$[16.00]
BASIC PROCEDURES		
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH		
D2140	Amalgam - 1 surface	\$[35.00]
D2150	Amalgam - 2 surfaces	\$[45.00]
D2160	Amalgam - 3 surfaces	\$[56.00]
D2161	Amalgam - 4 or more surfaces	\$[64.00]
SYNTHETIC RESTORATIONS		
D2330	Resin-based composite - 1 surface, anterior	\$[42.00]
D2331	Resin-based composite - 2 surfaces, anterior	\$[55.00]
D2332	Resin-based composite - 3 surfaces, anterior	\$[67.00]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior	\$[71.00]
D2390	Resin-based composite crown - anterior primary	\$[77.00]
D2391	Resin-based composite - 1 surface, posterior	\$[50.00]
D2392	Resin-based composite - 2 surfaces, posterior	\$[68.00]
D2393	Resin-based composite - 3 or more surfaces, posterior	\$[85.00]
ORAL SURGERY		
(Includes local anesthesia and routine post-operative care).		
EXTRACTIONS		
D7140	Extraction - Erupted tooth of exposed root	\$[39.00]
D7220	Removal of impacted tooth – Soft tissue	\$[45.00]
D7230	Removal of impacted tooth – Partially bony	\$[70.00]
D7240	Removal of impacted tooth – Completely bony	\$[85.00]
D7241	Removal of impacted tooth – Completely bony with unusual surgical complications	\$[85.00]
D7250	Surgical removal of residual tooth roots	\$[30.00]
D7510	Incision and drainage of abscess	\$[45.00]
D9220	General anesthesia	\$[52.00]
PERIODONTICS		
D4341	Periodontal scaling and root planing, per quadrant	\$[72.00]
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$[50.00]
D4910	Periodontal maintenance procedures following active therapy, periodontal prophylactic	\$[3.00]
ENDODONTICS (excluding final restoration)		
D3220	Therapeutic pulpotomy	\$[125.00]
D3310	Complete root canal therapy - Anterior	\$[125.00]
D3320	Complete root canal therapy – Bicuspid	\$[135.00]
D3330	Complete root canal therapy - Molar	\$[140.00]
[Term Life Benefit		\$[5,000]

13. Is this a replacement of similar coverage: ☐ Yes ☐ No

14. Previous Company: _____ Termination Date of Prior Plan: _____

It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no Insurance shall be effective until approved by Nova Casualty Company. The completion of this Application without issuance of a Policy and Certificate by the Nova Casualty Company does not bind any coverage.

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Nova Casualty Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is **not basic and traditional health insurance or major medical coverage and is not designed to serve as a substitute for such basic health insurance or major medical coverage.** This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

Dated at: _____
(City, State)

By: _____
(Authorized Policyholder Signature/Title)

On: _____
Date (mm/dd/yyyy)

By: _____
(Printed Agent/Broker Name)

(Signature of Agent/Broker)

To be Completed by Nova Casualty

On _____ By _____ Plan Effective Date _____
Date (mm/dd/yyyy) Home Office